07/19/2010 09:36

Image# 10990967366

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3X	For Other Than An A	Authorized Comm	ittee		Office Use Only
NAME OF COMMITTEE (in full)	USE FEC MAILING LAB OR TYPE OR PRINT	EL Example:If typ over the lines	ing, type		
American Optometric Associ	ation Political Action Comm	nittee 			
ADDRESS (number and street)	1505 Prince Street				
Check if different	Suite 300			1 1 1 1	1
than previously reported. (ACC)	Alexandria			VA _	22314
2. FEC IDENTIFICATION NUM	IBER ¥	CITY 🛕	S	TATE	ZIPCODE 🛕
C00024968	3	B. IS THIS X	NEW (N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 2	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 2	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
Quarterly Report(Q July 15	(c) 12-Day	Primary (1	2P)	General (1	2G) Runoff (12R)
Quarterly Report(Q October 15	Report for th		n (12C)	Special (1	2S)
Quarterly Report(Q January 31 Quarterly Report(Y		lection on			in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	Post -Election		30G)	Runoff (30	DR) Special (30S)
Termination Report (TER)		e. lection on			in the State of
5. Covering Period 0.6	01 2010	) throug	h 06	3 0	2010
I certify that I have examined this I	Report and to the best of m	y knowledge and belief i	t is true, correct ar	nd complete.	
Type or Print Name of Treasurer	Thomas E. Nye, O.D.				
Signature of Treasurer Electron	nically Filed by Thomas	E. Nye, O.D.	Da	ute 0.7	19 2010
NOTE : Submission of false, error	neous, or incomplete inform	nation may subject the p	erson signing this	Report to the	penalties of 2 U.S.C 437g.
Office Use					FEC FORM 3X

FE6AN026

## **SUMMARY PAGE**

2/99

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name American Optometric Association Political Action Committee

D D <sup>®</sup>D 0 1 06 2010 0.6 3 0 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 395069.19 January 1 (b) Cash on Hand at 543578.21 Begining of Reporting Period ..... 95947.24 585864.50 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 639525.45 980933.69 6(a) and 6(c) for Column B) ..... 71941.60 413349.84 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 567583.85 567583.85 (subtract Line 7 from Line 6(d)) ..... Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 99

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From: 0 6

01

2010

To:

м м 0 6 D D D

Y Y Y Y 2 0 1 0

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	65291.23	366912.22
	(ii) Unitemized	30495.05	209491.94
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	95786.28	576404.16
(	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	95786.28	576404.16
	Transfers From Affiliated/Other Party Committees	0.00	0.00
3. /	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
t	to Federal candidates and Other Political Committees	0.00	9000.00
	Other Federal Receipts (Dividends, Interest, etc.)	160.96	460.34
	Transfers from Non-Federal and Levin Funds		
(	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(	(b) Levin Funds (from Schedule H5)	0.00	0.00
(	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	95947.24	585864.50
	Fotal Federal Receipts (subtract Line 18(c) from Line 19)	95947.24	585864.50

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 99

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	2841.60	14749.84
	Expenditures(c) Total Operating Expenditures	2041.00	14743.04
	(add 21(a)(i), (a)(ii) and (b))	2841.60	14749.84
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	69000.00	398500.00
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E)	0.00	
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	100.00	100.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	100.00	100.00
	(add Lines 20(a), (b), and (c))		
9.	Other Disbursements	0.00	0.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	71941.60	413349.84
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	71941.60	413349.84

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 99

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Total Contributions (other than loans) from Line 11(d), page 3)	95786.28	576404.16
4. Total Contribution Refunds (from Line 28(d))	100.00	100.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	95686.28	576304.16
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2841.60	14749.84
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures     (subtract Line 37 from Line 36)	2841.60	14749.84

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 99 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Dr John D Coble Mailing Address 1501 Sunset Hill City Rockwall FEC ID number of contributing federal political committee.  Name of Employer Self Employed		Optometry	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.10	
В.	Full Name (Last, First, Middle Initial) Dr Susan Jong Mailing Address 9771 Marydale Road			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Saint Francisville  FEC ID number of contributing federal political committee.	State LA	Zip Code 70775-4646	Transaction ID: 31821757  Amount of Each Receipt this Period  300.00
	Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼		Optometry  Year-to-Date   300.00	
 C.	Full Name (Last, First, Middle Initial) Dr Linda M Chous Mailing Address 1295 W Royal Oaks D	rive		Date of Receipt
	City Shoreview FEC ID number of contributing	State MN	Zip Code 55126-8478	Transaction ID: 31824130  Amount of Each Receipt this Period  100.00
	Name of Employer Self Employed	Occupation	n Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
s	SUBTOTAL of Receipts This Page (optional)			483.35

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/99 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Optometric Association F	the name and add	lress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr Kevin Katz  Mailing Address 1205 Pin Oak Drive	)		Date of Receipt
City <u>Dickinson</u> FEC ID number of contributing	State TX	Zip Code 77539-3320	Transaction ID: 31826376  Amount of Each Receipt this Period
Name of Employer Self Employed		Optometry	163.64
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 981.84	
Full Name (Last, First, Middle Initial) Dr Mark Joseph Roy, III  Mailing Address 2198 Highway 20			Date of Receipt  0 6 0 3 2 0 1 0
City	State	Zip Code	Transaction ID: 31827422
Vacherie  FEC ID number of contributing federal political committee.	C	70090-5473	Amount of Each Receipt this Period  500.00
Name of Employer Self Employed	<del></del>	Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) Dr David A Drotzmann			Date of Receipt
Mailing Address 1060 W Elm Ave #	135		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 31827433
Hermiston  FEC ID number of contributing federal political committee.	OR	97838-2724	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona			913.64

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 99 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Optometric Association Political Polit	tical Action Committee	
Full Name (Last, First, Middle Initial) Dr Jon Q Montoya		Date of Receipt
Mailing Address 1401 Aztec Rd Nw		06 / 01 / Y Y Y Y
City	State Zip Code	Transaction ID: 31827436
Albuquerque  FEC ID number of contributing federal political committee.	NM 87107-2715	Amount of Each Receipt this Period  1500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr Stan M Dickerson		Date of Receipt
Mailing Address 2508 Shangrila Tr		06 01 2010
City	State Zip Code	Transaction ID: 31827440
Columbia	TN 38401-5801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr Julie Henry	<u> </u>	Date of Receipt
Mailing Address 509 Chatham Court		0 6 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31827448
Pickerington  FEC ID number of contributing federal political committee.	OH 43147-2076	Amount of Each Receipt this Period 365.00
Name of Employer Columbus VA ACC	Occupation Doctor of Optometry	
Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)		2115.00
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number	·	2115

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 99 (check only one)  X 11a  11b  11c  12 13  14  15  16
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Optometric Association	and Statements may not be sold or used by any perso g the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Kathleen E Powell Mailing Address 9710 Copper Drive City Anchorage FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code AK 99507-1226  C Occupation	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼	Doctor of Optometry  Aggregate Year-to-Date ▼  443.80	
Full Name (Last, First, Middle Initial) Dr Dennis A Swarner Mailing Address Box 1669		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31827480
<u>Kenai</u>	AK 99611-7744	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 352.00	
Full Name (Last, First, Middle Initial) Dr Robert D O'Connell Mailing Address Box 3187	·	Date of Receipt  M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
City	State Zip Code	Transaction ID: 31827484
Kenai FEC ID number of contributing federal political committee.	AK 99611-3187	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (option	nal)	1185.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>^</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 99   (check only one)   X   11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association I		•	
Full Name (Last, First, Middle Initial) Dr John T Shank			Date of Receipt
Mailing Address P O Box 827			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
City Kodiak	State AK	Zip Code 99615-0827	Transaction ID: 31827486
FEC ID number of contributing federal political committee.	C	99013-0027	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Jill Geering Matheson			Date of Receipt
Mailing Address 1733 2Nd St			0 6 0 3 2 0 1 0
City	State	Zip Code	Transaction ID: 31827489
<u>Douglas</u>	AK	99824-5108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Deborah S Bernay			Date of Receipt
Mailing Address 1702 Rustic Oak La	ane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Seabrook	State TX	Zip Code 77586-4556	Transaction ID: 31827496
FEC ID number of contributing federal political committee.	C	77300-4330	Amount of Each Receipt this Period  100.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:  Primary General  Other (specify) ▼	<del>- ' '</del>	Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional			1600.00

## SCHEDULE A (FEC Form 3X)

SCHEDULE A ( ITEMIZED REC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 99 (check only one)    X
or for commercial purpos  NAME OF COMMIT	ses, other than using the name an	nd address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Firs Dr Stanley Woo Mailing Address 25	t, Middle Initial) 501 Nicholson St Stat	te Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Houston FEC ID number of co		77008-2022	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed  Receipt For: Primary Other (specify)	Doct Aggri	pation tor of Optometry egate Year-to-Date ▼	
Full Name (Last, Firs Dr Harvey B Richman, Mailing Address 13	FAAO		Date of Receipt  0 6 0 4 2 0 1 0
City  Manasquan  FEC ID number of confederal political comm		te Zip Code 08736-3558	Transaction ID: 31827498  Amount of Each Receipt this Period  42.50
Name of Employer Self Employed	Occu Doct	pation tor of Optometry	
Receipt For: Primary Other (specify)	General	egate Year-to-Date ▼ 245.00	
Full Name (Last, Firs Dr Robert J Fleckenste Mailing Address 18	ein ,		Date of Receipt  0 6 0 4 2 0 1 0
City Anchorage	Stat AK	'	Transaction ID: 31835471  Amount of Each Receipt this Period
FEC ID number of co	ontributing		85.00
Name of Employer Self Employed		pation tor of Optometry	
Receipt For: Primary Other (specify)	Aggr General Aggr	regate Year-to-Date ▼ 510.00	
SUBTOTAL of Receipt	s This Page (optional)		377.50

## SCHEDULE A (FEC Form 3X)

A. Pull Name (Last, Dr David L Parker Mailing Address  City Olive Branch FEC ID number federal political content of Employed  Receipt For: Primary Other (spe  Full Name (Last, Dr Brian Roy Murr Mailing Address  City Clarksville FEC ID number federal political content of Employed  Receipt For: Primary Other (spe  Full Name (Last, Dr Brian Roy Murr Mailing Address  City Clarksville FEC ID number federal political content of Employed  Receipt For: Primary Other (spe  Full Name (Last, Dr Robert L Jarrel Mailing Address  City Albuquerque FEC ID number federal political content of Employed  Receipt For: Primary Other (spe	urposes, other than using the MITTEE (In Full) tometric Association Poles First, Middle Initial) and the MITTEE (In Full) tometric Association Poles First, Middle Initial) and the MITTEE (In Full)	e name and address of any political committee	Date of Receipt  M M / D D / Y Y Y Y Y  O 6
Full Name (Last, Dr David L Parker Mailing Address  City Olive Branch FEC ID number of federal political company of Employed  Receipt For: Primary Other (spe  Full Name (Last, Dr Brian Roy Murit Mailing Address  City Clarksville FEC ID number of federal political company of Employed  Receipt For: Primary Clarksville FEC ID number of Employed  Receipt For: Primary Other (spe  Full Name (Last, Dr Brian Roy Murit Mailing Address)  City Albuquerque FEC ID number of Employed  Full Name (Last, Dr Robert L Jarrel Mailing Address)  City Albuquerque FEC ID number of Employed	First, Middle Initial)  4889 Bobo Place  of contributing committee.  ver  General ecify)  First, Middle Initial)  ray	State Zip Code MS 38654-8223  C  Occupation Doctor of Optometry  Aggregate Year-to-Date	Transaction ID: 31838562 Amount of Each Receipt this Period 41.67
A. Dr David L Parker Mailing Address  City Olive Branch FEC ID number of federal political completed for the federal political completed federal p	4889 Bobo Place  of contributing committee.  orer  General ecify)  First, Middle Initial)  ray	MS 38654-8223  C  Occupation Doctor of Optometry  Aggregate Year-to-Date	Transaction ID: 31838562 Amount of Each Receipt this Period  41.67
City Olive Branch FEC ID number of federal political control of Employed Receipt For: Primary Other (spe  Full Name (Last, Dr Brian Roy Mundailing Address  City Clarksville FEC ID number of federal political control of Employed  Receipt For: Primary Other (spe  Full Name of Employed Receipt For: Primary Other (spe  Full Name (Last, Dr Robert L Jarrel Mailing Address  City Albuquerque FEC ID number of EC ID numb	of contributing committee.  ver  General ecify)  First, Middle Initial)	MS 38654-8223  C  Occupation Doctor of Optometry  Aggregate Year-to-Date	Transaction ID: 31838562  Amount of Each Receipt this Period  41.67
Olive Branch FEC ID number of federal political control of the politica	General points, Middle Initial)	MS 38654-8223  C  Occupation Doctor of Optometry  Aggregate Year-to-Date	Amount of Each Receipt this Period 41.67
FEC ID number federal political control of Employed Receipt For:  Primary Other (spe  Full Name (Last, Dr Brian Roy Murn Mailing Address  City Clarksville FEC ID number federal political control of Employed Receipt For: Primary Other (spe  Full Name (Last, Dr Brian Roy Murn Mailing Address)  Receipt For: Primary Other (spe  Full Name (Last, Dr Robert L Jarrel Mailing Address)  City Albuquerque FEC ID number federal political control of the po	General points, Middle Initial)	Occupation Doctor of Optometry Aggregate Year-to-Date	41.67
Receipt For: Primary Other (spe  Full Name (Last, Dr Brian Roy Murr Mailing Address  City Clarksville FEC ID number federal political control Name of Employed  Receipt For: Primary Other (spe  Full Name (Last, Dr Robert L Jarrel Mailing Address  City Albuquerque FEC ID number of EC ID	General ecify) ▼ First, Middle Initial) ray	Doctor of Optometry  Aggregate Year-to-Date ▼	
Full Name (Last, Dr Brian Roy Mun Mailing Address  City Clarksville FEC ID number of federal political control of Employed  Receipt For: Primary Other (spe	ecify)  First, Middle Initial) ray	Aggregate Year-to-Date ▼	
B. Dr Brian Roy Munimal Mailing Address  City Clarksville FEC ID number of federal political control of the political con	ray		
Clarksville FEC ID number federal political c  Name of Employed  Receipt For: Primary Other (spe  Full Name (Last, Dr Robert L Jarrel Mailing Address  City Albuquerque FEC ID number of Employed  Receipt For: Primary Other (spe	3292 Sunnyslope Dr		Date of Receipt  0 6 0 5 2 0 1 0
FEC ID number of federal political control of Employed  Receipt For: Primary Other (spe  Full Name (Last, Dr Robert L Jarrel Mailing Address  City Albuquerque FEC ID number of		State Zip Code	Transaction ID: 31838564
Receipt For: Primary Other (spe  Full Name (Last, Dr Robert L Jarrel Mailing Address  City Albuquerque FEC ID number of Employed  Receipt For: Primary Other (spe		TN 37043-7869	Amount of Each Receipt this Period
Receipt For: Primary Other (spe  Full Name (Last, Dr Robert L Jarrel Mailing Address  City Albuquerque FEC ID number		C	60.84
Full Name (Last, Dr Robert L Jarrel Mailing Address  City Albuquerque FEC ID number of	ver	Occupation Doctor of Optometry	
C. Dr Robert L Jarrel Mailing Address  City Albuquerque  FEC ID number	General ecify) ▼	Aggregate Year-to-Date ▼ 243.36	
Albuquerque FEC ID number	·		Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
FEC ID number		State Zip Code	Transaction ID: 31838570
rederal political c	of contributing	NM 87122-1928	Amount of Each Receipt this Period  200.00
Name of Employed	ver	Occupation Doctor of Optometry	
Receipt For: Primary Other (spe		Aggregate Year-to-Date ▼ 1200.00	
SUBTOTAL of Rec	General cify) ▼		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  Any information copied from such Reports and	for each category of the Detailed Summary Page  Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 13 / 99 (check only one)    X
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Optometric Association Po	he name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Lori Ann Youngman Mailing Address 4535 Nw Aspen St		Date of Receipt
·	7.0.4	06 06 2010
City <u>Ca</u> mas	State Zip Code WA 98607-8302	Transaction ID: 31838572  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.02	
Full Name (Last, First, Middle Initial) Dr Frederick P Darin		Date of Receipt
Mailing Address 405 Tirrell Rd		0 6 0 6 Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31838573
Charlotte  FEC ID number of contributing federal political committee.	MI 48813-2131	Amount of Each Receipt this Period  50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Christopher J Colburn		Date of Receipt
Mailing Address 30 Winchester Rd		0 6 0 6 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31838576
Lakewood	NY 14750-1734	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	341.67

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/99 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Optometric Association Fully	nd Statements may not be sold or used by any pers the name and address of any political committee to Political Action Committee	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Robert Craig Janot Mailing Address 6910 Windmill Land	e	Date of Receipt  0 6 0 7 2 0 1 0
City  Lake Charles  FEC ID number of contributing federal political committee.	State Zip Code LA 70605-0536	Transaction ID: 31838577  Amount of Each Receipt this Period  41.67
Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date   250.02	
Full Name (Last, First, Middle Initial) Dr Rebecca H Wartman Mailing Address 46 Lambeth Walk		Date of Receipt  0 6 0 7 2 0 1 0
City	State Zip Code	Transaction ID: 31838579
<u>Fairview</u>	NC 28730-7721	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Dr John L Walters		Date of Receipt
Mailing Address 47 Mast Hill Road		06 07 2010
City	State Zip Code	Transaction ID: 31838580
Saco FEC ID number of contributing federal political committee.	ME 04072-9338	Amount of Each Receipt this Period  50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	ı 	291.67

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>K</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/99   (check only one)   X   11a
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association	Political Action	Committee	
Full Name (Last, First, Middle Initial) Dr Randolph E Brooks			Date of Receipt
Mailing Address 3 Schindler Drive			0 6 0 7 2 0 1 0
City Succasunna	State NJ	Zip Code 07876-1183	Transaction ID: 31838582
FEC ID number of contributing federal political committee.	C	07070-1103	Amount of Each Receipt this Period  200.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Dr Edwin Y Endo			Date of Receipt
Mailing Address 98828 Hiliu Pl			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State HI	Zip Code	Transaction ID: 31838583
Aiea  FEC ID number of contributing federal political committee.	C	96701-2785	Amount of Each Receipt this Period 41.66
Name of Employer Self Employed	Occupatio	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 208.30	
Full Name (Last, First, Middle Initial) Dr Steven Arthur Loomis			Date of Receipt
Mailing Address 6436 Spotted Fawr	n Run		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Littleton	State CO	Zip Code 80125-9055	Transaction ID: 31838584  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80123-9033	200.00
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 1200.00	
SUBTOTAL of Receipts This Page (optional	al)		441.66

SCHEDULE A (I	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 99 (check only one)    X
or for commercial purpos  NAME OF COMMITT	ses, other than using the name a	and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First Dr James H Moser, Jr Mailing Address 82  City  Texarkana  FEC ID number of co federal political communications  Name of Employer Self Employed	Sta TX ntributing littee.	ate Zip Code  K 75503-9652  upation ctor of Optometry	Date of Receipt  M M M D D D Z D 1 D Z D 1 D Z D D D D D D D D
Receipt For: Primary Other (specify)	Agg General	pregate Year-to-Date ▼ 500.00	
Full Name (Last, First Dr Gregory F Copeland Mailing Address 15	<u>'</u>		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City Sylvan Grove FEC ID number of co federal political comm	ntributing KS	ate Zip Code S 67481-8133	Transaction ID: 31838625  Amount of Each Receipt this Period  250.00
Name of Employer Self Employed  Receipt For: Primary Other (specify)	General Doc	upation ctor of Optometry gregate Year-to-Date ▼ 250.00	
Full Name (Last, First Dr Keith B Miller Mailing Address P	t, Middle Initial) O Box 747		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City Concord FEC ID number of co	NO	ate Zip Code C 28026-0747	Transaction ID: 31838627  Amount of Each Receipt this Period  250.00
federal political comm  Name of Employer Self Employed	Occ	upation ctor of Optometry	
Receipt For: Primary Other (specify)	General	regate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts	s This Page (optional)	)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/9 (check only one)  X 11a 11b 11c 12 13 14 15 16	99
Any information copied from such Reports and Stor commercial purposes, other than using the	tatements may name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	S
NAME OF COMMITTEE (In Full) American Optometric Association Polit	tical Action (	Committee		
Full Name (Last, First, Middle Initial) Dr Scott Warren Bennion			Date of Receipt	
Mailing Address 26542 235Th Se			06 07 201	
City	State	Zip Code	Transaction ID: 31839902	
Maple Valley	WA	98038-6707	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.0	0
Name of Employer Self Employed	Occupation Doctor of	Optometry		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Dr Jacqueline M Bowen			Date of Receipt	
Mailing Address 3930 W 19Th St Ln			M M / D D / Y Y Y Y O O O O O O O O O O O O O O O	0
City	State	Zip Code	Transaction ID: 31840924	-
Greeley	CO	80634-3446	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		50.0	0
Name of Employer Self Employed	Occupation Doctor of	Optometry		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) Dr Mark David Hansen			Date of Receipt	
Mailing Address 1887 Isett Ave N			0 6 0 9 Y Y Y Y Y	
City	State	Zip Code	Transaction ID: 31845946	
Muscatine	IA	52761-9747	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		125.00	0
Name of Employer Self Employed	Occupation Doctor of	Optometry		
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional)			675.0	0

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 99 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Barbara L Horn		Date of Receipt
Mailing Address 61269 Coralburst D	r	06 09 7 2010
City	State Zip Code	Transaction ID: 31845952
Washington	MI 48094-1746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	159.09
Name of Employer Self Employed	Occupation Doctor of Optometry	7
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	954.54	
Full Name (Last, First, Middle Initial) Dr David J Esplin		Date of Receipt
Mailing Address 34 South 590 East		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31845953
Salem	UT 84653-5519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Dr David J Shippee		Date of Receipt
Mailing Address Box 307		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31845955
Sherman Oaks	ME 04777	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer Self Employed	Occupation Doctor of Optometry	7
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	249.96	
SUBTOTAL of Receipts This Page (optional	l)	245.75

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 99 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
American Optometric Association Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Dr Carey A Patrick		Date of Receipt
Mailing Address 970 Patrician Court		06 09 2010
City	State Zip Code	Transaction ID: 31845956
Fairview	TX 75069-8781	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	]
Full Name (Last, First, Middle Initial) Dr Mark J Cook		Date of Receipt
Mailing Address 5698 Mountain Road		06 09 7 2010
City	State Zip Code	Transaction ID: 31845957
<u>Brighton</u>	MI 48116-9732	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	7
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	]
Full Name (Last, First, Middle Initial) Dr Terri Susanne Watkins		Date of Receipt
Mailing Address 312 Esto Heights		0 6 0 9 2 0 1 0
City	State Zip Code	Transaction ID: 31845959
Russell Springs	KY 42642-7010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.02	
		241.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 99 (check only one)    X
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	ria di Antina d	S	
American Optometric Association Polit	tical Action (	committee	
Full Name (Last, First, Middle Initial) Dr Marjorie J Knotts			Date of Receipt
Mailing Address 6120 Guilford			0 6 0 9 2 0 1 0
City	State	Zip Code	Transaction ID: 31845960
<u>Indianapolis</u>	IN	46220-1940	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	33.134.0	300.00	
Full Name (Last, First, Middle Initial) Dr Gregory W Kraupa	<u>I</u>		Date of Receipt
Mailing Address 4280 Reiland Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31845961
Shoreview	MN	55126-3127	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Dr David M Redman			Date of Receipt
Mailing Address 795 Foxhill Circle			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31845962
Hollister	CA	95023-9747	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		46.91
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 218.49	
SUBTOTAL of Receipts This Page (optional)			138.91

SCHEDUL! ITEMIZED	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 99 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercia	ll purposes, other than using the DMMITTEE (In Full)	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American C	Optometric Association Polit	tical Action	Committee	
A. Dr Samuel J B				Date of Receipt
Mailing Addre  ——————————————————————————————————	Po Box 1543	State	Zip Code	0 6 0 9 2 0 1 0
Golden		CO	80402-1543	Transaction ID: 31853766  Amount of Each Receipt this Period
-	per of contributing al committee.	С		1000.00
Name of Emp Self Employe	oloyer d	Occupation Doctor of	n f Optometry	
Receipt For: Primary Other (s	General General		Year-to-Date ▼ 1000.00	
<b>B.</b> Dr Ronald J M	•			Date of Receipt
Mailing Addre	ess 37038 60 Rd 496			06 10 2010
City		State	Zip Code	Transaction ID: 31853787
<u>Champion</u>		MI	49814	Amount of Each Receipt this Period
FEC ID numb federal politica	per of contributing al committee.	C		50.00
Name of Emp Self Employe	oloyer d	Occupation Doctor of	n f Optometry	
Receipt For: Primary Other (s	General specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]
Full Name (La  Dr Terry H Ber	ast, First, Middle Initial)			Date of Receipt
Mailing Addre	ess 8210 Top Of The World	d Drive		M M / D D / Y Y Y Y Y Y D D / 2010
City		State	Zip Code	Transaction ID: 31853792
Salt Lake C FEC ID numb federal political	per of contributing	C	84121-6060	Amount of Each Receipt this Period  42.00
Name of Emp Self Employe	oloyer d	Occupation Doctor of	n f Optometry	
Receipt For: Primary Other (s	General General		Year-to-Date ▼ 252.00	
SUBTOTAL of	Receipts This Page (optional)			1092.00
	eriod (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 99 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Stacie Layne Virden Mailing Address 2432 Lake Air Driv	ve		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Waco FEC ID number of contributing federal political committee.	State TX	Zip Code 76710-1611	Transaction ID: 31853794  Amount of Each Receipt this Period  84.09
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Doctor of	n f Optometry • Year-to-Date ▼ 504.54	
Full Name (Last, First, Middle Initial) Dr Paul Philippe Cote  Mailing Address 18 Little Androsco	ggin Drive		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State	Zip Code	Transaction ID: 31853795
Auburn	ME	04210-8884	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.02	
Full Name (Last, First, Middle Initial) Dr Zoey K Loomis			Date of Receipt
Mailing Address 3750 Highway 144	ļ		0 6 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31853797
Weldona FEC ID number of contributing federal political committee.	C	80653-9107	Amount of Each Receipt this Period  150.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	7
Receipt For:  Primary General Other (specify) ▼	<del></del>	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option	al)		275.76

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>^</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 23/99   (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association	Political Action	Committee	
Full Name (Last, First, Middle Initial) Dr Christopher L Eddy			Date of Receipt
Mailing Address 6306 Buchanan St			M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fort Collins	State CO	Zip Code 80525-5810	Transaction ID: 31853798
FEC ID number of contributing federal political committee.	C	60323-3610	Amount of Each Receipt this Period  50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Joe Ernest Ellis			Date of Receipt
Mailing Address 179 Wood Trace			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State KY	Zip Code	Transaction ID: 31853799
Benton  FEC ID number of contributing federal political committee.	C	42025-9400	Amount of Each Receipt this Period 166.67
Name of Employer Self Employed	Occupatio	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 1000.02	
Full Name (Last, First, Middle Initial) Dr Gregory C Russell			Date of Receipt
Mailing Address 2505 Rivermont Ci	rcle		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Kingsport	State TN	Zip Code 37660-2392	Transaction ID: 31853800  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37000-2392	83.33
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 499.98	
SUBTOTAL of Receipts This Page (optional	<b>I</b>		300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for e	separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 24 / 99 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association I	the name and address of	any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Charlotte F Nielsen  Mailing Address 118 Whitehall Cour	t		Date of Receipt
City Grayslake FEC ID number of contributing	IL 60	o Code 0030-3492	Transaction ID: 31875286  Amount of Each Receipt this Period
federal political committee.  Name of Employer Self Employed	Occupation Doctor of Optor	metry	100.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to	o-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr Sheryl A Lentfer  Mailing Address 1345 West 9Th Ave	enue		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zi	o Code	Transaction ID: 31875287
Anchorage	AK 99	9501-3236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer Self Employed	Occupation Doctor of Optor	metry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to	504.00	
Full Name (Last, First, Middle Initial) Dr Edward M Kosnoski			Date of Receipt
Mailing Address 305 Kensington Av	e S		06 12 2010
City		o Code	Transaction ID: 31875288
Kent FEC ID number of contributing federal political committee.	C 98	3030-7004	Amount of Each Receipt this Period  250.00
Name of Employer Self Employed	Occupation Doctor of Optor	metry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to	500.00 <b>▼</b>	
SUBTOTAL of Receipts This Page (optional			434.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25/99   (check only one)     X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association F	Political Action	Committee	
Full Name (Last, First, Middle Initial) Dr R. Bryan Boozer			Date of Receipt
Mailing Address 1602 Wildwood St	Sw		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cullman	State <b>A</b> L	Zip Code 35055-4555	Transaction ID: 31875291
FEC ID number of contributing federal political committee.	C	33033-4333	Amount of Each Receipt this Period  50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Michael T Cron			Date of Receipt
Mailing Address 9217 Elmwood Cou	ırt		0 6 1 3 / Y Y Y Y Y
City Stanwood	State MI	Zip Code 49346-9305	Transaction ID: 31875293
FEC ID number of contributing federal political committee.	C	49340-9303	Amount of Each Receipt this Period 41.66
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 249.96	
Full Name (Last, First, Middle Initial) Dr Jeffrey David Hill			Date of Receipt
Mailing Address 126 Treymoor Drive	e		0 6 1 3 2 0 1 0
City Alabaster	State AL	Zip Code 35007-3150	Transaction ID: 31875294  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33007-3130	50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	1		141.66

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 99 (check only one)    X
Any information copied from such Report or for commercial purposes, other than to NAME OF COMMITTEE (In Full)  American Optometric Association	rts and Statements may not be sold or used by any persousing the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr Sarah C Gordon Mailing Address 252 Inverness (	Center Dr	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Birmingham	State Zip Code AL 35242-4834	Transaction ID: 31875295  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date   300.00	
Full Name (Last, First, Middle Initial) Dr G. Chad Green Mailing Address 5960 Co Rd 19	<b>-</b>	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31875386
Linden	AL 36748	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr Markus I Barth	1	Date of Receipt
Mailing Address 1346 Heller Dri	ve	06 14 2010
City	State Zip Code	Transaction ID: 31875387
Yardley FEC ID number of contributing federal political committee.	PA 19067-2714	Amount of Each Receipt this Period  66.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.02	
SUBTOTAL of Receipts This Page (or.	otional)	216.67

SCHEDULE A (FEC Form 3X)  ITEMIZED RECEIPTS  Use separate sche for each category of Detailed Summary			FOR LINE NUMBER: PAGE 27 / 99 (check only one)  X 11a 11b 11c 12  13 14 15 16	
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)  American Optometric Association Politi	ical Action (	Committee		
Full Name (Last, First, Middle Initial) Dr Brian J Plattner			Date of Receipt	
Mailing Address 107 Willow Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: 31875391	
Knoxville	IL	61448-1057	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		85.00	
Name of Employer Self Employed	Occupation Doctor of	Optometry		
Receipt For: Primary General Other (specify)	-	Year-to-Date ▼ 255.00	1	
Full Name (Last, First, Middle Initial)	0 0	0 0 0 0 0 0 0	Detect Provide	
Dr Brian J Mawhinney  Mailing Address 2676 S Weelock Road			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y	
City	State	Zip Code	Transaction ID: 31895830	
Lyndonville	VT	05851-8425	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		365.00	
Name of Employer Self Employed	Occupation Doctor of	Optometry		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00		
Full Name (Last, First, Middle Initial) Dr Scott L Nehring			Date of Receipt	
Mailing Address 32840 S Meridian Road	t		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: 31896699	
Woodburn	OR	97071-8768	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		42.00	
Name of Employer Self Employed	Occupation Doctor of	Optometry		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00		
SUBTOTAL of Receipts This Page (optional)		<b>)</b>	492.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 99 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Optometric Association F	d Statements may not be sold or used by any personant the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Ronald C Fronczek  Mailing Address 5050 Black Quartz	Rd	Date of Receipt
City Las Cruces	State         Zip Code           NM         88011-8340	Transaction ID: 31897890  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date   365.00	]
Full Name (Last, First, Middle Initial) Dr Paul W Bohac Mailing Address 5775 Wyncliff Drive	,	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31897895
N Charleston	SC 29418-5220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr Lisa Wallace-Davis		Date of Receipt
Mailing Address 101 Linda Dr		06 09 2010
City	State Zip Code	Transaction ID: 31897912
Newport News FEC ID number of contributing federal political committee.	VA 23608-2220	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	) )	865.00

## SCHEDULE A (FEC Form 3X)

Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr Brian L Starr  Mailing Address 130 Dartmouth Drive  City  Lexington  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Occupation Doctor of	Zip Code 28117-5827	Date of Receipt  Date of Receipt  Transaction ID: 31897916  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period  Transaction ID: 31898113  Amount of Each Receipt this Period
A. Dr Angela Stack Harris  Mailing Address 122 Long Cove Lane  City State  Mooresville NC  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Doctor of Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr Brian L Starr  Mailing Address 130 Dartmouth Drive  City State  Lexington OH  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Doctor of Receipt For:  Primary General Occupation Doctor of Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr Dwight L Avery	28117-5827  Optometry  Year-to-Date ▼  250.00  Zip Code	Transaction ID: 31897916  Amount of Each Receipt this Period  250.00  Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mooresville  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Brian L Starr  Mailing Address 130 Dartmouth Drive  City State Lexington  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Doctor of Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Dwight L Avery	28117-5827  Optometry  Year-to-Date ▼  250.00  Zip Code	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Self Employed Doctor of Self Employed Doctor of Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Brian L Starr Mailing Address 130 Dartmouth Drive  City State Lexington OH  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Doctor of Self Employed Self Employed Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Dwight L Avery	Optometry Year-to-Date ▼  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  0 6 07 2010  Transaction ID: 31898113  Amount of Each Receipt this Period
Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr Brian L Starr  Mailing Address 130 Dartmouth Drive  City  Lexington  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr Dwight L Avery	Optometry Year-to-Date ▼  250.00  Zip Code	M M O 6 O 7 2 0 1 0  Transaction ID: 31898113  Amount of Each Receipt this Period
Dr Brian L Starr  Mailing Address 130 Dartmouth Drive  City State Lexington OH  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Doctor of Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Dwight L Avery	•	Transaction ID: 31898113  Amount of Each Receipt this Period
Lexington  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Dwight L Avery	•	Transaction ID: 31898113  Amount of Each Receipt this Period
Lexington  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Dwight L Avery	•	Amount of Each Receipt this Period
federal political committee.  Name of Employer Self Employed  Receipt For: Primary Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Dwight L Avery		
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr Dwight L Avery		
Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr Dwight L Avery	n Optometry	
Dr Dwight L Avery	Year-to-Date ▼ 365.00	
Mailing Address 138 Pine Trail		Date of Receipt
		0 6 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code	Transaction ID: 31898114
<u>London</u> KY	40744-9426	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500.00
	n Optometry	
Receipt For:  Primary  General  Other (specify)	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1115.00

CHEDULE A (FEC Form 3X)  Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER: PAGE 30 / 99 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persoress of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association Poli	tical Action (	Committee	
Full Name (Last, First, Middle Initial) Dr Donald T Shute			Date of Receipt
Mailing Address 809 North 49Th Court			0 6 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31898119
<u>Yakima</u>	WA	98908-2517	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Robert Neal Williams, Jr			Date of Receipt
Mailing Address 1109 Links Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31898454
Myrtle Beach	SC	29575-5879	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		600.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr Ronald Edward Dachelet	<u> </u>		Date of Receipt
Mailing Address 206 Fairway Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31898456
Anniston	AL	36207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1		1100.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 99 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Rebecca R Chown Mailing Address 818 Columbia Stre	pet	Date of Receipt
City Hood River	State Zip Code OR 97031-1722	Transaction ID: 31898458  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Self Employed	Occupation Doctor of Optometry	250.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Charles B Brownlow  Mailing Address P O Box 85		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: 31898461
Wild Rose	WI 54984-0085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Christopher N Clark		Date of Receipt
Mailing Address 2912 Esmerelda D	brive	06 09 2010
City	State Zip Code	Transaction ID: 31898462
Bullhead City  FEC ID number of contributing federal political committee.	AZ 86429-1126	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 32/99   (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association		•	
Full Name (Last, First, Middle Initial) Dr Larry D Sumner			Date of Receipt
Mailing Address 1343 Carlyle Park	Circle		M M / D D / Y Y Y Y Y O D O D O D O D O D O D O D O
City Highlands Ranch	State CO	Zip Code 80129-6974	Transaction ID: 31898463  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33.23 33.	500.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr Randall K Thomas			Date of Receipt
Mailing Address 6017 Havencrest C	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 31902299
Concord	NC	28027-8053	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Robert E Wooley			Date of Receipt
Mailing Address 4 Greenview Ct P O Box 228			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pana	State IL	Zip Code 62557-6337	Transaction ID: 31902302  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		700.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	
	I		1700.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 99 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association	nd Statements may not be sold or used by any persog the name and address of any political committee to  Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	- Onlinear Foliation Committee	1
Dr Anne K Matsushima		Date of Receipt
Mailing Address 654 12Th Avenue		06 09 2010
City	State Zip Code	Transaction ID: 31902304
Honolulu	HI 96816-2201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)		Polos ( Possis)
Dr Phillip A Gelwick  Mailing Address 3649 East 49Th Pl	ace	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31902310
<u>Tulsa</u>	OK 74135-3105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Trinh T Hua		Date of Receipt
Mailing Address 914 19Th Ave Eas	t	06 09 7 2010
City	State Zip Code	Transaction ID: 31902318
Seattle	WA 98112-3503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SURTOTAL of Receipts This Page (action	al)	1250.00

A.

В.

C.

<b>SCHEDULE A (FEC Form 3X)</b>		Llac concrete cohodulo(a)	FOR LINE NUMBER: PAGE 34 / 99
•		Use separate schedule(s) for each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a
			13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Optometric Association Pol	litical Action (	Committee	
Full Name (Last, First, Middle Initial) Dr Lamont Mark Sprague			Date of Receipt
Mailing Address 6214 Wyndwood Drive	е		06 09 2010
City	State	Zip Code	Transaction ID: 31902325
Crystal Lake	IL	60014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:		Year-to-Date ▼	
Primary General	30 0		1
Other (specify) ▼	0 0	350.00	
Full Name (Last, First, Middle Initial)			
Dr Donald L Hembree	Date of Receipt		
Mailing Address 3216 Blossom Ln		7. 0.	06 09 2010
City	State	Zip Code	Transaction ID: 31902339
Odessa	TX	79762-6964	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:	<del>, '</del>	Year-to-Date ▼	
Primary General			1
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr Peter K Dunn			Date of Receipt
Mailing Address 5411 Deer Trail			0 6 0 9 2 0 1 0
City	State	Zip Code	Transaction ID: 31902341
Summerfield	NC	27358-9070	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:	_ '	Year-to-Date ▼	
Primary General	Primary General Primary		1
Other (specify)		500.00	
SUBTOTAL of Receipts This Page (optional)			1100.00

TEMIZED RECEIPTS  Use separate sched for each category of Detailed Summary F			FOR LINE NUMBER: PAGE 35 / 99 (check only one)    X   11a
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association Polit	ical Action	Committee	
American Optometric Association Folit	icai Action	Committee	
Full Name (Last, First, Middle Initial) Dr Kurt L Ebersole			Date of Receipt
Mailing Address 2108 S Main Street			0 6 1 1 1 2 0 1 0
City	State	Zip Code	Transaction ID: 31902533
<u>Findlay</u>	OH	45840	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Destar of	n f Optometry	
Receipt For:	-	Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	250.00	
Full Name (Last, First, Middle Initial) Dr Robert J Dittoe			Date of Receipt
Mailing Address 449 Buckingham Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31902535
<u>Lancaster</u>	ОН	43130-8891	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Rose Marie Betz			Date of Receipt
Mailing Address 7300 N Bluff Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31902545
Tuscaloosa	AL	35406-2608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	550.00

Any information copied from such Reports an	d Statements may not be sold or used by any person	X   11a     11b     11c     12     13     14     15     16     17     17     17     18
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Optometric Association F	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Paul Anton Hodge Mailing Address 3042 118Th Ave		Date of Receipt
		06 16 2010
City	State Zip Code MI 49010-9555	Transaction ID: 31908034
Allegan  FEC ID number of contributing federal political committee.	MI 49010-9555	Amount of Each Receipt this Period  125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr Thomas W Hobbs		Date of Receipt
Mailing Address 13 Ne 550 Rd		0 6 1 6 2 0 1 0
City	State Zip Code	Transaction ID: 31908036
Warrensburg	MO 64093-7473	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Ron W Roelfs		Date of Receipt
Mailing Address 600 3Rd St Se		0 6 1 6 2 0 1 0
City	State Zip Code	Transaction ID: 31908040
Waverly	IA 50677-3516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional	) <b>&gt;</b>	210.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 99 (check only one)    X   11a
<u> </u>	y information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli			on for the purpose of soliciting contributions o solicit contributions from such committee.
۱.	Full Name (Last, First, Middle Initial) Dr Timothy G Koop  Mailing Address 4912 Bluff Run Drive	Charles	7in Coda	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Greensboro	State NC	Zip Code 27455-2200	Transaction ID: 31910117
	FEC ID number of contributing federal political committee.	C	21433-2200	Amount of Each Receipt this Period  50.00
	Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	<del>, '</del>	on f Optometry e Year-to-Date ▼ 300.00	
3.	Full Name (Last, First, Middle Initial) Dr Sarah J Hudson Mailing Address 284 Richards Ave Uni	it 2		Date of Receipt  0 6 1 7 2 0 1 0
	City State Zip Code			Transaction ID: 31910118
	Portsmouth	NH	03801-5238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dr Freddie M Mayes			Date of Receipt
	Mailing Address 117 Magnolia Drive			0 6 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: 31910119
	Central City	KY	42330-1727	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	JBTOTAL of Receipts This Page (optional)	1		225.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 99 (check only one)    X   11a
Ai or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
ب 4.	Full Name (Last, First, Middle Initial) Dr Lee Ann Barrett			Date of Receipt
	Mailing Address 1199 E Morgan			06 17 2010
	City Boonville	State MO	Zip Code 65233-1336	Transaction ID: 31910120  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Missouri Optometric Assoc- iation, Inc.	Occupation Executiv	on re Director	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
- 3.	Full Name (Last, First, Middle Initial) Dr Jennifer L Planitz  Mailing Address 3537 New Castle Dr S			Date of Receipt
		06 17 2010		
	City Significant S		Zip Code 87124-3672	Transaction ID: 31910121  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1200.00	
_	Full Name (Last, First, Middle Initial) Dr Craig F Clatanoff			Date of Receipt
	Mailing Address 3537 Newcastle Dr S	0 6 1 7 2 0 1 0		
	City	State	Zip Code	Transaction ID: 31910122
	Rio Rancho FEC ID number of contributing federal political committee.	C	87124-3672	Amount of Each Receipt this Period  100.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For:  Primary General  Other (specify) ▼	_ '	e Year-to-Date ▼ 600.00	
				350.00

ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 39 / 99   (check only one)		
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)  American Optometric Association		•			
Full Name (Last, First, Middle Initial) Dr Thomas Annunziato			Date of Receipt		
City	State	Zip Code	0 6 1 7 2 0 1 0 Transaction ID: 31910124		
Aledo FEC ID number of contributing federal political committee.	C	76008-5223	Amount of Each Receipt this Period  112.50		
Name of Employer Self Employed	Occupation Doctor of	Optometry			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00			
Full Name (Last, First, Middle Initial) Dr James C Falconer, Jr			Date of Receipt		
Mailing Address 3421 Kachemak Ci	0 6 1 8 2 0 1 0				
City State Anchorage AK		Zip Code	Transaction ID: 31913894		
FEC ID number of contributing federal political committee.	C	99515-2380	Amount of Each Receipt this Period  84.00		
Name of Employer Self Employed	Occupation Doctor of	n Optometry			
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 504.00			
Full Name (Last, First, Middle Initial) Dr Harue Jean Marsden			Date of Receipt		
Mailing Address 1445 Prospect Avenue Unit D			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 31913895		
Placentia  FEC ID number of contributing federal political committee.	CA	92870-3816	Amount of Each Receipt this Period 83.34		
Name of Employer Self Employed	Occupation Doctor of	n Optometry			
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.02			
SUBTOTAL of Receipts This Page (options			279.84		

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 99 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)  American Optometric Associatio	and Statements may not be sold or used by any per ng the name and address of any political committee n Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Tenesha A Bazemore Mailing Address Po Box 1612  City	State Zip Code	Date of Receipt    M
Norfolk  FEC ID number of contributing federal political committee.	VA 23501-1612	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) Dr Brian Kent Anderson Mailing Address 6706 W Cheyenr	ne	Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Las Vegas</u> FEC ID number of contributing federal political committee.	State Zip Code NV 89108-4588	Transaction ID: 31921661  Amount of Each Receipt this Period  250.00
Name of Employer Self Employed Receipt For:	Occupation Doctor of Optometry  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr Russell M Miller  Mailing Address 1733 S Cottam C	Court	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City St George	State Zip Code UT 84790-2276	Transaction ID: 31921662 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	onal)	1000.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 99 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for co	mation copied from such Reports and St mmercial purposes, other than using the E OF COMMITTEE (In Full) rican Optometric Association Polit	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Dr Th Mailir City Syla FEC	Iame (Last, First, Middle Initial) omas M Kines Ig Address 1013 Sedgefield Dr  cauga ID number of contributing al political committee.	State AL	Zip Code 35150	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name Self E	e of Employer Employed lipt For: Primary General Other (specify)	Occupatio Doctor of	n f Optometry 2 Year-to-Date ▼	
<b>B.</b> <u>Dr Ra</u>	lame (Last, First, Middle Initial) Ilph Paternoster Ing Address 20 Black Hawk Road	State	Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Scar FEC federa	ID number of contributing al political committee.	NY	10583	Amount of Each Receipt this Period  250.00
	e of Employer Employed ipt For: Primary General Other (specify) •		f Optometry  Year-to-Date ▼  250.00	]
Dr Ma	lame (Last, First, Middle Initial) ark Lee Guisti ng Address 592 12Th Street			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ID number of contributing al political committee.	State NV	Zip Code 89801-3405	Transaction ID: 31921669  Amount of Each Receipt this Period  250.00
	e of Employer Employed	Occupatio Doctor of	n f Optometry	
Rece	ipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00	]
SUBTO	TAL of Receipts This Page (optional)		<b>_</b>	750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 99 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)  American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Mark C Ward  Mailing Address 625 Grabruck  City Danville  FEC ID number of contributing federal political committee.  Name of Employer Self Employed	State Zip Code KY 40422-2200  C Occupation Doctor of Optometry	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 31921670  Amount of Each Receipt this Period  300.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr William J Hoover Mailing Address 602 Columbia Ct  City Glenwood Spgs	State Zip Code CO 81601-2854	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date  500.00	500.00
Full Name (Last, First, Middle Initial) Dr Dorothy L Hitchmoth  Mailing Address Po Box 302 106 Davis Hill Ro  City New London  FEC ID number of contributing federal political committee.	ad State Zip Code NH 03257-0302	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date   1016.00	
SUBTOTAL of Receipts This Page (option	nal)	966.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 99 (check only one)  X 11a 11b 11c 12 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association	nd Statements may not be sold or used by any persor g the name and address of any political committee to see Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Jerry P Davidoff Mailing Address 13 Katie Way  City West Chester	State Zip Code PA 19380-1186	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date   500.00	500.00
Full Name (Last, First, Middle Initial) Dr Pamela E Theriot Mailing Address 120 W Vuelta Frisc  City Sahuarita  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State Zip Code AZ 85629-8672  C  Occupation Doctor of Optometry  Aggregate Year-to-Date  300.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 19 2010  Transaction ID: 31922925  Amount of Each Receipt this Period  50.00
Full Name (Last, First, Middle Initial) Dr Ronald Lee Hopping Mailing Address 1801 Creekside Dr  City Friendswood  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State Zip Code TX 77546-7821  C  Occupation Doctor of Optometry  Aggregate Year-to-Date  1090.92	Date of Receipt  M M J D D J Z D 1 0  Transaction ID: 31922926  Amount of Each Receipt this Period  181.82
SUBTOTAL of Receipts This Page (option	al)	731.82

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 99 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for comme	on copied from such Reports and Stercial purposes, other than using the COMMITTEE (In Full) an Optometric Association Polit	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mailing Ad  City  Friendsy  FEC ID not federal po  Name of E Self Employers	umber of contributing litical committee. Employer loyed		f Optometry	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	nary General er (specify) <b>▼</b>	Aggregate	e Year-to-Date ▼ 1090.92	]
B. Dr Robert	e (Last, First, Middle Initial) F Brooks ddress 452 Bluebird Dr	State	Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Russell FEC ID no federal po	umber of contributing litical committee.	KY	41169-1570	Amount of Each Receipt this Period  50.00
Name of E Self Empl Receipt F Prin	or:		f Optometry e Year-to-Date ▼ 300.00	
Full Name Dr Scott M Mailing Ad				Date of Receipt  0 6 1 9 2 0 1 0
	umber of contributing	State MO	Zip Code 65622-1351	Transaction ID: 31922929  Amount of Each Receipt this Period  100.00
Name of E Self Empl	litical committee. Employer oyed	Occupatio	n f Optometry	
Receipt F		Aggregate	e Year-to-Date ▼ 400.00	
SUBTOTAL	of Receipts This Page (optional)	I		331.82

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may not be sold or used by any pathe name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Mitchell Todd Munson		Date of Receipt
Mailing Address 9940 S Ashleigh W	ay	0 6 1 9 2 0 1 0
City	State Zip Code	Transaction ID: 31922930
Highlands Ranch	CO 80126-4244	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	165.29
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1008.26	
Full Name (Last, First, Middle Initial) Dr Susan M Brunnett	•	Date of Receipt
Mailing Address 9940 S Ashleigh W	ay	0 6 1 9 2 0 1 0
City	State Zip Code	Transaction ID: 31922931
Highlands Ranch	CO 80126-4244	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	82.65
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 504.15	
Full Name (Last, First, Middle Initial) Mr Richard Cornett		Date of Receipt
Mailing Address Ohio Optometric As 250 E Wilson-Bridg		0 6 1 9 2 0 1 0
City	State Zip Code	Transaction ID: 31922932
Worthington	OH 43085-2350	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Ohio Optometric Associati- on, Inc.	Occupation Executive Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
		497.94

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 99 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association	nd Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association	Tollical Action Committee	
Full Name (Last, First, Middle Initial) Dr David S Hays		Date of Receipt
Mailing Address 8720 52nd St. Cou	rt West	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31922934
University Place	WA 98467-1758	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Dr Philip Dunne Flynn Mailing Address 122 Palmetto Hall	Drive	Date of Receipt
0.1	7.0.4	06 19 2010
City Lexington	State Zip Code SC 29072-7894	Transaction ID: 31922935  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr Jan L Cooper	<b>L</b>	Date of Receipt
Mailing Address 101 Chandler Wes	t	06 19 2010
City	State Zip Code	Transaction ID: 31922937
<u>Highland</u>	CA 92346-5482	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
	al)	417.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 99 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Optometric Association Po	Statements may not be sold or used by any per he name and address of any political committee	
7 American Optometric Association Fo	Silical Action Committee	
Full Name (Last, First, Middle Initial) Dr Kevin L Alexander  Mailing Address 2116 Wildwood Cou	rt	Date of Receipt
		06 20 2010
City	State Zip Code	Transaction ID: 31922940
Fullerton	CA 92831-1339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr Michael E Bennett		Date of Receipt
Mailing Address 4940 Victoria Place		06 21 2010
City	State Zip Code	Transaction ID: 31926577
Guthrie	OK 73044-8668	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.02	
Full Name (Last, First, Middle Initial) Dr Robert G Goerss		Date of Receipt
Mailing Address 3120 Brookford Drive	9	0 6 2 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31927367
Saint Charles	MO 63303-6356	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
		266.67

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 99 (check only one)    X
An	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Po	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>∠</u> <b>a</b> .	Full Name (Last, First, Middle Initial) Dr Erica A Burton  Mailing Address 578 E Hwy T			Date of Receipt
	City	State	Zip Code	0 6 22 2010 Transaction ID: 31927369
	Lamar FEC ID number of contributing federal political committee.	C	64759-8209	Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed  Receipt For: Primary General		n f Optometry  • Year-to-Date ▼  300.00	
 3.	Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr Gregory L Garner  Mailing Address 2550 E 400 S	0 0	300.00	Date of Receipt
	City Wabash	State IN	Zip Code 46992-9498	Transaction ID: 31927453  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.  Name of Employer Self Employed	Occupatio	n	500.00
	Self Employed   Receipt For:  Primary General  Other (specify) ▼		f Optometry e Year-to-Date ▼ 500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr Jonathan F Hymes Mailing Address 1505 Prince St			Date of Receipt
	City Alexandria	State VA	Zip Code 22314-2852	Transaction ID: 31927473  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer American Optometric Assoc- iation		ton Office Director	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
SI	JBTOTAL of Receipts This Page (optional) .	1	<b>)</b>	1050.00

Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Optometric Association Potential Name (Last, First, Middle Initial)  Dr Frederick E Bodenhamer	Statements may not be sold or used by any persone name and address of any political committee to blitical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mailing Address 409 Virginia Trail  City  Jefferson City  FEC ID number of contributing federal political committee.	State Zip Code MO 65109-6840  C	Date of Receipt  M M M
Name of Employer Self Employed  Receipt For: Primary General Other (specify)	Doctor of Optometry  Aggregate Year-to-Date   600.00	
Full Name (Last, First, Middle Initial) Dr Sally B Bodenhamer Mailing Address 7010 Spring Park Dr	ve	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: 31927476
Jefferson City FEC ID number of contributing federal political committee.	MO 65109-3345	Amount of Each Receipt this Period 600.00
Name of Employer Self Employed Receipt For:	Occupation Doctor of Optometry  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date V	
Full Name (Last, First, Middle Initial) Dr David K Masihdas		Date of Receipt
Mailing Address 6695 South Old Mill	Circle	0 6 2 1 2 0 1 0
City Salt Lake City	State Zip Code UT 84121-6919	Transaction ID: 31927500  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1450.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 99 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Tanya N Gill Mailing Address 1850 Clemens Rd			Date of Receipt
		<u> </u>		06 21 2010
	City <u>Oakland</u>	State CA	Zip Code 94607	Transaction ID: 31927503  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	34007	250.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Б.	Full Name (Last, First, Middle Initial) Dr Wesley D Kemp  Mailing Address P O Box 937			Date of Receipt
		Otata	7:- Oada	06 21 2010
	City Bolivar	State MO	Zip Code 65613-0937	Transaction ID: 31927521  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
с. С.	Full Name (Last, First, Middle Initial) Dr Roy L Clapper			Date of Receipt
	Mailing Address 1367 E Shoshone Av	e		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Athol	State ID	Zip Code 83801-9819	Transaction ID: 31927528  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	365.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			1115.00
t	TOTAL This Period (last page this line number		<u> </u>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 99 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial)  Dr Robert E Botts  Mailing Address 606 Powell Ave			Date of Receipt
	P O Box Bb	State	Zip Code	0 6 2 1 2 0 1 0 Transaction ID: 31927529
	Big Stone Gap  FEC ID number of contributing federal political committee.	C	24219-2348	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	<del>- '</del>	f Optometry e Year-to-Date ▼ 500.00	
- В.	Full Name (Last, First, Middle Initial)  Dr Jennifer Rae Bailey  Mailing Address 157 E Edgewood Dr			Date of Receipt  0 6 2 1 2 0 1 0
	City	State	Zip Code	Transaction ID: 31927531
	Springport  FEC ID number of contributing federal political committee.	C	47386-9524	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	- '	e Year-to-Date ▼ 250.00	
- C.	Full Name (Last, First, Middle Initial) Dr Daniel R Beckner	I		Date of Receipt
	Mailing Address 66724 Brooks Road			06 21 2010
	City <u>Imbler</u>	State OR	Zip Code 97841-8115	Transaction ID: 31927532  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .	1		1250.00
-	TOTAL This Period (last page this line number			

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 99 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association	and Statements may not be sold or used by any pe g the name and address of any political committee Political Action Committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Tami Ra Ross Mailing Address 9001 Wheatland D		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31927536
Oklahoma City  FEC ID number of contributing federal political committee.	OK 73169	Amount of Each Receipt this Period  365.00
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  365.00	
Full Name (Last, First, Middle Initial) Dr Melissa L Binder  Mailing Address 16 Walden Place (	Ct	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31927542
<u>Elgin</u>	SC 29045-8208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr William J Milford, IV		Date of Receipt
Mailing Address 2804 Rambing Pat	(n	06 21 2010
City	State Zip Code	Transaction ID: 31927544
Anderson  FEC ID number of contributing federal political committee.	SC 29621-3727	Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option	al)	1165.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 99 (check only one)  X 11a 11b 11c 12  13 14 15 16 1	
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions	
American Optometric Association Polit	ical Action Committee		
Full Name (Last, First, Middle Initial) Dr James D Sargent, Jr Mailing Address 7489 Marylboune Rd		Date of Receipt	
City	State Zip Code	0 6 2 1 2 0 1 0 Transaction ID: 31927558	
West Jordan	UT 84084	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	350.00	
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		
Full Name (Last, First, Middle Initial) Dr David N Lasse		Date of Receipt	
Mailing Address 10093 Crosier Lane		06 18 7 2010	
City	State Zip Code	Transaction ID: 31927598	
Blue Ash	OH 45242-5743	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr Kathleen E Goff		Date of Receipt	
Mailing Address 114 Crested Peak		06 23 7 2010	
City	State Zip Code	Transaction ID: 31929275	
Santa Teresa	NM 88008-9423	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	86.36	
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 518.16		
SUBTOTAL of Receipts This Page (optional)		686.36	
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number of	·	080.30	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 99 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Optometric Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Larry D Gunnell		Date of Receipt
Mailing Address #7 Brenna Dr  City	State Zip Code	0 6 2 3 2 0 1 0 Transaction ID: 31929276
Wichita Falls	TX 76302-2506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	
Full Name (Last, First, Middle Initial) Dr Christy Lynn Warford		Date of Receipt
Mailing Address 3601 Lareforma		06 23 7 9 9 9
City	State Zip Code	Transaction ID: 31929277
<u>Baytown</u>	TX 77521-9175	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.04	
Full Name (Last, First, Middle Initial) Dr Mario A Caballero		Date of Receipt
Mailing Address 1080 Loma De Alma	a	06 23 7 9 9 9
City <u>El Paso</u>	State Zip Code TX 79934	Transaction ID: 31929279  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.91
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 545.46	
SUBTOTAL of Receipts This Page (optional	)	257.58

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 99 (check only one)    X   11a
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Optometric Association	and Statements may not be sold or used by any pers g the name and address of any political committee to Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Joseph J. Jordan, Jr Mailing Address 224 Laconia Rd		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Tilton</u>	State Zip Code NH 03276-5223	Transaction ID: 31929280  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Self Employed  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date   666.68	
Full Name (Last, First, Middle Initial) Dr Barry J Barresi Mailing Address 659 Spyglass Sum	nmit Drive	Date of Receipt  0 6 2 3 2 0 1 0
City	Transaction ID: 31929281	
Chesterfield	MO 63017-2142	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Dr Jennifer E Davis		Date of Receipt
Mailing Address 16 Pambrook Dr		0 6 2 4 2 0 1 0
City	State Zip Code	Transaction ID: 31939522
Fishersville  FEC ID number of contributing federal political committee.	VA 22939-2123	Amount of Each Receipt this Period 45.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (option	ial)	411.67

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 99 (check only one)  X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Optometric Association Po	litical Action Committee	
<u></u>	Full Name (Last, First, Middle Initial) Dr Brian J Blount		Date of Receipt
	Mailing Address 5830 N Circuit		0 6 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 31939523
	Beaumont	TX 77706-4428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	181.82
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1090.92	
_	Full Name (Last, First, Middle Initial) Dr Cheryl T Stoker		Date of Receipt
	Mailing Address 825 Parkway Dr	06 24 2010	
	City	State Zip Code	Transaction ID: 31939526
	Natchitoches	LA 71457-5535	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr Teresa M Seim		Date of Receipt
	Mailing Address 7328 Glade Trail		06 24 2010
	City	State Zip Code	Transaction ID: 31939527
	Kalamazoo	MI 49009-5921	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	42.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	252.00	
			348.82

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 99 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and or commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Pol			on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Pamela A Lowe Mailing Address 6835 Concord Lane City Niles FEC ID number of contributing	State IL	Zip Code 60714-4431	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Self Employed  Receipt For: Primary Other (specify)		on f Optometry e Year-to-Date ▼	
<b>3.</b>	Full Name (Last, First, Middle Initial) Dr Martin H Carroll Mailing Address 3700 Essex Road City	State	Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
•	Cheyenne FEC ID number of contributing federal political committee.	C	82001-1641	Transaction ID: 31939529  Amount of Each Receipt this Period  100.00
	Name of Employer Self Employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	_ '	f Optometry e Year-to-Date ▼  600.00	
<b>).</b>	Full Name (Last, First, Middle Initial) Dr Ted A Mc Elroy Mailing Address 2812 Ridge Avenue N	lorth		Date of Receipt
	City Tifton FEC ID number of contributing	State GA	Zip Code 31794-1327	Transaction ID: 31939530  Amount of Each Receipt this Period  100.00
	federal political committee.  Name of Employer Self Employed	Occupation	on f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
SI	JBTOTAL of Receipts This Page (optional) .		)	300.00

SCHEDULE A	(FEC Form 3X) CEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 99 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purp	ooses, other than using the name	and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
City  Jersey City  FEC ID number of federal political cor	2 Emerson Ave #2  Solution of the contributing of the contributing of the contribution		Date of Receipt  M M M / D D / Y Y Y Y Y Y  O 6 2 4 2 0 1 0  Transaction ID: 31939531  Amount of Each Receipt this Period  36.50
Name of Employer Self Employed  Receipt For:  Primary  Other (specif	General Aç	ccupation octor of Optometry ogregate Year-to-Date  219.00	]
Full Name (Last, F Dr Leon Michael Far Mailing Address	vede 250 Harbel Drive	State Zip Code	Date of Receipt  0 6 2 4 2 0 1 0
Saint Clairsville FEC ID number of federal political cor	contributing nmittee.	DH 43950-1025	Amount of Each Receipt this Period  126.00
Name of Employer Self Employed  Receipt For:  Primary  Other (specif	General Aç	octor of Optometry ggregate Year-to-Date  252.00	]
Full Name (Last, F Dr Dennis M Brtva Mailing Address	irst, Middle Initial)  57 Pebblebrook Ct		Date of Receipt  0 6 2 4 2 0 1 0
City Bloomington FEC ID number of federal political cor	contributing		Transaction ID: 31939534  Amount of Each Receipt this Period  85.00
Name of Employer Self Employed	Oc	ecupation octor of Optometry	
Receipt For: Primary Other (specif	General	ggregate Year-to-Date ▼ 510.00	
SUBTOTAL of Rece	ipts This Page (optional)	<b>&gt;</b>	247.50

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 99 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Pol			on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Steven Thomas Reed Mailing Address 4550 Simpson Hwy 26  City Magee FEC ID number of contributing federal political committee.  Name of Employer Self Employed	State MS  C  Occupation Doctor of	Zip Code 39111-5187	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr Peter V Candela	Aggregate	Year-to-Date ▼ 540.00	Date of Receipt
Mailing Address P O Box 614  City Blythewood	State SC	Zip Code 29016-0614	Transaction ID: 31939536  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Self Employed	- '	Optometry	83.34
Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)	Aggregate	Year-to-Date ▼ 416.70	
Dr Dori M Carlson  Mailing Address P O Box 0			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City Park River FEC ID number of contributing	State ND	Zip Code 58270	Transaction ID: 31939537  Amount of Each Receipt this Period  200.00
federal political committee.  Name of Employer Self Employed	Occupation	Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Page (optional) .			373.34

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 99 (check only one)    X
or f	y information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Dr Anthony C Fusco Mailing Address 196 Nottingham Rd City Deerfield FEC ID number of contributing federal political committee.	State NH	Zip Code 03037	Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Self Employed  Receipt For: Primary General Other (specify)		on f Optometry e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Dr Susan Elaine Fischer Mailing Address 196 Nottingham Rd			Date of Receipt    M   M   C   D   C   C   C   C   C   C   C   C
	City  Deerfield  FEC ID number of contributing federal political committee.  Name of Employer Self Employed	State NH C Occupatio	Zip Code 03037-1530	Transaction ID: 31939546  Amount of Each Receipt this Period  500.00
	Receipt For: Primary General Other (specify)		f Optometry e Year-to-Date ▼  500.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Dr Craig A Liebig Mailing Address 538 B Emily Drive			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Clarksburg FEC ID number of contributing federal political committee.	State WV	Zip Code 26301-5507	Transaction ID: 31941980  Amount of Each Receipt this Period  250.00
	Name of Employer Self Employed	Occupatio	n f Optometry	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SI	JBTOTAL of Receipts This Page (optional)			1250.00

A	rinformation copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Policuli Name (Last, First, Middle Initial)  Dr Nathan C Price  Mailing Address 1720 North 4Th East  City  Mountain Home  FEC ID number of contributing rederal political committee.  Name of Employer  Self Employed	e name and ad	dress of any political committee t	Date of Receipt  Date of Receipt  Transaction ID: 31941983  Amount of Each Receipt this Period
A. ;	Full Name (Last, First, Middle Initial) Dr Nathan C Price Mailing Address 1720 North 4Th East City Mountain Home FEC ID number of contributing rederal political committee.	State ID	Zip Code	Transaction ID: 31941983  Amount of Each Receipt this Period
<b>A.</b>	Dr Nathan C Price Mailing Address 1720 North 4Th East City Mountain Home FEC ID number of contributing dederal political committee.	C	•	Transaction ID: 31941983  Amount of Each Receipt this Period
- !	City  Mountain Home  FEC ID number of contributing dederal political committee.	C	•	Transaction ID: 31941983  Amount of Each Receipt this Period
-      -	Mountain Home FEC ID number of contributing rederal political committee.	C	•	Amount of Each Receipt this Period
-      -	FEC ID number of contributing ederal political committee.	C	83647-1761	
1	ederal political committee.			250.00
	Name of Employer Self Employed	Occupatio		250.50
		Doctor o	n f Optometry	
1	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Dr Edward Melman			Date of Receipt
	Mailing Address 425 Barby Lane			06 21 Y Y Y Y Y
(	City	State	Zip Code	Transaction ID: 31941988
-	Cherry Hill	NJ	08003-3447	Amount of Each Receipt this Period
	FEC ID number of contributing dederal political committee.	C		250.00
_	Name of Employer Self Employed		f Optometry	
!	Receipt For:  Primary General  Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr Neill S Cowles			Date of Receipt
l	Mailing Address 276 Old Harbor Road			06 21 2010
-	City	State	Zip Code	Transaction ID: 31941990
-	Chatham	MA	02633-2325	Amount of Each Receipt this Period
	FEC ID number of contributing dederal political committee.	C		400.00
_	Name of Employer Self Employed	_ '	f Optometry	
I	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
su	BTOTAL of Receipts This Page (optional)			900.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 99 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or fo	information copied from such Reports and some commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Pole	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> . <u>r</u>	Full Name (Last, First, Middle Initial)  Dr Andrew G Cook, Jr  Mailing Address P O Box 304			Date of Receipt  O 6 2 2 2 2 1 0
	Dity Garner	State NC	Zip Code 27529-0304	Transaction ID: 31941995  Amount of Each Receipt this Period
f.	EC ID number of contributing ederal political committee.	С		500.00
_	Name of Employer Self Employed  Receipt For:  Primary  General  Other (specify) ▼	<del>- '</del>	f Optometry e Year-to-Date ▼ 500.00	
3. [	Full Name (Last, First, Middle Initial) Or Stephen D Garrett Mailing Address 205 Roxdale			Date of Receipt  0 6 2 2 2 2 0 1 0
Ċ	Dity	State	Zip Code	Transaction ID: 31941997
F	Roxboro FEC ID number of contributing ederal political committee.	C	27574-8775	Amount of Each Receipt this Period 500.00
_	lame of Employer Self Employed		f Optometry	
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr Jeff S Phillips	1		Date of Receipt
N	Mailing Address 2804 Pine St			0 6 2 3 Y Y Y Y Y Y
	Dity	State	Zip Code	Transaction ID: 31942036
F	Fexarkana FEC ID number of contributing ederal political committee.	C	75503-4122	Amount of Each Receipt this Period 250.00
<u>N</u>	Jame of Employer Self Employed	Occupation Doctor of	n f Optometry	
F	Receipt For:  Primary General  Other (specify) ▼	<del>- '</del>	e Year-to-Date ▼ 250.00	
SU	BTOTAL of Receipts This Page (optional) .	1		1250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 99 (check only one)    X   11a
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
۸.	Full Name (Last, First, Middle Initial) Dr Monty D Smick			Date of Receipt
	Mailing Address 3817 S Custer		7: 0 1	06 23 2010
	City Spokane	State WA	Zip Code 99223-1265	Transaction ID: 31942038  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr Alessi A Rispoli			Date of Receipt
	Mailing Address 28 Malee Terrace			06 23 2010
	City	State	Zip Code	Transaction ID: 31942041
	Portsmouth  FEC ID number of contributing federal political committee.	C	02871-3424	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr Katherine Kleno Rispoli	1		Date of Receipt
	Mailing Address 28 Malee Terrace			06 23 7 2010
	City	State	Zip Code	Transaction ID: 31942042
	Portsmouth  FEC ID number of contributing federal political committee.	C	02871-3424	Amount of Each Receipt this Period  250.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	<u>, '</u>	e Year-to-Date ▼ 250.00	
		1		750.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  American Optometric Association Political Action Committee  Full Name (tast, First, Middle Initial)  Dr Robert M Theaker  Mailing Address 12 Wyndemere Vale  City  State Zip Code  Montrery  CA 33940-5811  FEC ID number of contributing federal political committee.  Name of Employer  Self Employed  Other (specify) ▼  State Zip Code  Transaction ID: 31942239  Amount of Each Receipt his Period  Transaction ID: 31942240  Amount of Each Receipt his Period  Date of Receipt  Transaction ID: 31942240  Transaction ID: 31942240  Amount of Each Receipt his Period  Date of Receipt  Transaction ID: 31942240  Amount of Each Receipt his Period  Date of Receipt  Transaction ID: 31942240  Amount of Each Receipt his Period  Date of Receipt  Transaction ID: 31942240  Amount of Each Receipt his Period  Date of Receipt  Transaction ID: 31942240  Amount of Each Receipt his Period  Date of Receipt  Transaction ID: 31942241  Amount of Each Receipt his Period  Date of Receipt  Transaction ID: 31942241  Amount of Each Receipt his Period  Date of Receipt  Transaction ID: 31942241  Amount of Each Receipt his Period  Date of Receipt  Transaction ID: 31942241  Amount of Each Receipt his Period  Date of Receipt  Transaction ID: 31942241  Amount of Each Receipt his Period  Date of Receipt  Transaction ID: 31942241  Amount of Each Receipt his Period  Date of Receipt  Transaction ID: 31942241  Amount of Each Receipt his Period  Date of Receipt  Transaction ID: 31942241  Amount of Each Receipt his Period  Date of Receipt  Transaction ID: 31942241  Amount of Each Receipt his Period  Date of Receipt  Transaction ID: 31942241  Amount of Each Receipt his Period  Date of Receipt  Date of Receipt  Transaction ID: 31942241  Amount of Each Receipt his P	ITEMIZEI	LE A (FEC Form 3X) D RECEIPTS	N	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 99 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Full Name (Last, First, Middle Initial)  A. Prabert M Theaker  Mailing Address 12 Wyndemere Vale  City State Zip Code  Montrery GA 93940-5911  FEC ID number of contributing idedral political committee.  B. Pull Name (Last, First, Middle Initial)  Dr Donald Lester Watson  Mailing Address 118 San Marco Drive  City State Zip Code  Transaction ID: 31942240  Amount of Each Receipt this Period  FEL ID number of contributing idedral political committee.  Name of Employer  City State Zip Code  Tybee Island GA 31328-9708  FEC ID number of contributing idedral political committee.  Name of Employer  Site Zip Code  Transaction ID: 31942240  Amount of Each Receipt  Transaction ID: 31942240  Amount of Each Receipt this Period  FEC ID number of contributing idedral political committee.  Name of Employer  Occupation  Doctor of Optometry  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Dr Choalyn Mei Gan  Mailing Address 1370 Peralta Avenue  City State Zip Code  FEC ID number of contributing idedral political committee.  City State Zip Code  FEC ID number of contributing idedral political committee.  City State Zip Code  FEC ID number of contributing idedral political committee.  City State Zip Code  FEC ID number of contributing idedral political committee.  City State Zip Code  FEC ID number of contributing idedral political committee.  City State Zip Code  FEC ID number of contributing idedral political committee.  City State Zip Code  FEC ID number of contributing idedral political committee.  City State Zip Code  FEC ID number of contributing idedral political committee.  City State Zip Code  FEC ID number of contributing idedral political committee.  City State Zip Code  FEC ID number of contributing idedral political committee.  City State Zip Code  FEC ID number of contributing idedral political committee.  City State Zip Code  Transaction ID: 31942241  Amount of Each Receipt  Transaction ID: 31942241  Amount of Each Receipt  Transaction ID: 31942241  Amount of Each Receipt  Transaction ID: 31942241	or for commer  NAME OF	cial purposes, other than using the COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
City State Zip Code CA 93940-5811  FEC ID number of contributing federal political committee.  Name of Employed Self Employed S	Full Name	(Last, First, Middle Initial)			Date of Receipt
Monterey  CA 93940-5811  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Self Employed  City State Zip Code Tybee Island  FEC ID number of contributing federal political committee.  Name of Employer  Self Employed  City State Zip Code Tybee Island  FEC ID number of contributing federal political committee.  Name of Employer  Self Employed  City State Zip Code Tybee Island  FEC ID number of contributing federal political committee.  Name of Employer  Self Employed  City State Zip Code Tybee Island  Amount of Each Receipt this Period  Transaction ID: 31942240  Amount of Each Receipt this Period  Transaction ID: 31942240  Amount of Each Receipt this Period  Transaction ID: 31942241  Amount of Each Receipt this Period  Transaction ID: 31942241  Amount of Each Receipt this Period  Dector of Optometry  Self Employer Self Empl	Mailing Ad	dress 12 Wyndemere Vale			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer   Decupation   Doctor of Optometry		1		·	
Receipt For:     Primary			C		500.00
Primary General Other (specify) ▼	Name of E Self Emplo	mployer oyed			
B. Dr Donald Lester Watson  Mailing Address 118 San Marco Drive  City State Zip Code Tybee Island GA 31328-9706  FEC ID number of contributing federal political committee.  Name of Employer Self Employed OCtupation Dr Cheslyn Mei Gan  Mailing Address 1370 Peralta Avenue  City State Zip Code Todo Doctor of Optometry  Receipt For: PC State Zip Code Todo Doctor of Optometry  Aggregate Year-to-Date ✓  Date of Receipt Transaction ID: 31942240  Amount of Each Receipt this Period  Aggregate Year-to-Date ✓  Date of Receipt Transaction ID: 31942240  Date of Receipt Solution Doctor of Optometry  Date of Receipt Transaction ID: 31942240  Transaction ID: 31942241  Amount of Each Receipt Transaction ID: 31942241  Amount of Ea	Prim	ary General	Aggregate		
City State Zip Code GA 31328-9706  FEC ID number of contributing federal political committee.  C	B. Dr Donald I	_ester Watson	M M / D D / Y Y Y Y		
FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Cheslyn Mei Gan  Mailing Address 1370 Peralta Avenue  City State Zip Code CA 94702-1128  FEC ID number of contributing federal political committee.  Receipt For:  Receipt For:  Primary General Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  Transaction ID: 31942241  Amount of Each Receipt this Period  42.00	•			•	Transaction ID: 31942240
Receipt For:	FEC ID nu	mber of contributing		31328-9706	
Other (specify) ▼    Solution   State   Superior   State   Superior   Superi	Name of E Self Emplo	mployer oyed			
C. Dr Cheslyn Mei Gan  Mailing Address 1370 Peralta Avenue  City State Zip Code Berkeley CA 94702-1128  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify) ▼  Date of Receipt  M M M / D D / 2 5 / 2 0 1 0  Transaction ID: 31942241  Amount of Each Receipt this Period  42.00	Prim	ary General	Aggregate	1 1 1 1 1 1 1	
City Berkeley CA 94702-1128  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary Other (specify) ▼  Page 10 C  C C  Aggregate Year-to-Date ▼  252.00  Transaction ID: 31942241  Amount of Each Receipt this Period  42.00  42.00	Dr Cheslyn	Mei Gan	1		M M / D D / Y Y Y Y
Berkeley  CA 94702-1128  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼  Amount of Each Receipt this Period  42.00  42.00	City		State	Zip Code	
Name of Employer Self Employed  Doctor of Optometry  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  252.00	FEC ID nu			94702-1128	
Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  252.00			Occupatio		
592.00	Receipt Fo	or: ary General	_ '	e Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL	of Receipts This Page (optional)			592.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 99 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Optometric Association Po	Statements may not be sold or used by any personal he name and address of any political committee to political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Mamie Cassandra Chan Mailing Address 6109 Rio Hondo NE  City Albuquerque  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:	State Zip Code NM 87109-3832  C  Occupation Doctor of Optometry  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 31942242  Amount of Each Receipt this Period  50.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Daniel Dawson Coyle  Mailing Address 310 Tea Farm Road	250.00	Date of Receipt
City Summerville  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State Zip Code SC 29483-4218  C  Occupation Doctor of Optometry  Aggregate Year-to-Date   500.00	Transaction ID: 31942243  Amount of Each Receipt this Period  125.00
Full Name (Last, First, Middle Initial) Dr Richard L. Talkington  Mailing Address 461 Pleasant St P.O. Box 521  City  Franklin  FEC ID number of contributing federal political committee.	State Zip Code NH 03235-1885  C	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Doctor of Optometry  Aggregate Year-to-Date ▼  650.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	275.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 99 (check only one)    X   11a
A C	ny information copied from such Reports and Si r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Polit	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>∠</b> <b>.</b>	Full Name (Last, First, Middle Initial) Dr Maryjane Healey Mailing Address 6710 124Th Place Se  City Snohomish  FEC ID number of contributing federal political committee.	State WA	Zip Code 98296-8649	Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 2 7 2 0 1 0  Transaction ID: 31943456  Amount of Each Receipt this Period  200.00
	Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼		f Optometry e Year-to-Date ▼ 1200.00	
3.	Full Name (Last, First, Middle Initial) Dr C. Thomas Crooks, III Mailing Address 1229 Highland Lakes T	Date of Receipt    M   M   D   D   T   T   T   T   T   T   T   T		
	City	Transaction ID: 31943458		
	Birmingham  FEC ID number of contributing federal political committee.	C	35242-6886	Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed	Occupation	n f Optometry	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dr Lynn A Davis			Date of Receipt
	Mailing Address 1424 Tiffany Lane Se			0 6 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Rio Rancho	State NM	Zip Code	Transaction ID: 31943459
	FEC ID number of contributing federal political committee.	C	87124-0976	Amount of Each Receipt this Period 83.34
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary  General  Other (specify)		e Year-to-Date ▼ 500.04	
	SUBTOTAL of Receipts This Page (optional)	I		333.34

Any information against from auch Departs or		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Optometric Association F	the name and addre	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Beth A Kneib Mailing Address 602 Nw 163Rd St			Date of Receipt
City Shoreline	State WA	Zip Code 98177-3727	Transaction ID: 31943572  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.66
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Doctor of C	Optometry Year-to-Date ▼  249.96	]
Full Name (Last, First, Middle Initial) Dr Trevor J Cleveland Mailing Address 1610 Wilson Court	<b>-</b>		Date of Receipt  0 6 2 8 2 0 1 0
City	State	Zip Code	Transaction ID: 31943573
Eugene FEC ID number of contributing federal political committee.	OR	97402-3361	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of C	Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 300.00	]
Full Name (Last, First, Middle Initial) Dr Larry G Obie			Date of Receipt
Mailing Address 1330 12Th Ave			0 6 28 2010
City	State	Zip Code	Transaction ID: 31943574
Havre FEC ID number of contributing federal political committee.	C	59501-5401	Amount of Each Receipt this Period  50.00
Name of Employer Self Employed	Occupation Doctor of C	Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	l)		141.66

urposes, other than using the MITTEE (In Full) cometric Association Polit First, Middle Initial) 170 East 83 Street of contributing committee.	atements may not be sold or used by any personame and address of any political committee to ical Action Committee  State Zip Code NY 10028-1920  C  Occupation Doctor of Optometry	Date of Receipt    Date of Receipt
First, Middle Initial)  170 East 83 Street  of contributing committee.	State Zip Code NY 10028-1920  C Occupation	Transaction ID: 31943575  Amount of Each Receipt this Period
170 East 83 Street  of contributing committee.	NY 10028-1920  C Occupation	Transaction ID: 31943575  Amount of Each Receipt this Period
of contributing committee.	NY 10028-1920  C Occupation	Transaction ID: 31943575  Amount of Each Receipt this Period
eommittee.	NY 10028-1920  C Occupation	Amount of Each Receipt this Period
eommittee.	Occupation	
	1 · · ·	
☐ General ecify) ▼	Aggregate Year-to-Date ▼ 1000.02	
First, Middle Initial)  Moultrie		Date of Receipt
1809 Gaslight Way	06 28 2010	
	State Zip Code AL 35801-1555	Transaction ID: 31943576
of contributing committee.	AL 35801-1555	Amount of Each Receipt this Period  50.00
rer	Occupation Doctor of Optometry	
General	Aggregate Year-to-Date ▼ 300.00	
First, Middle Initial) anin		Date of Receipt
301 Concord Road		0 6 28 2010
	State Zip Code	Transaction ID: 31943577
of contributing committee.	DE 19904-9100	Amount of Each Receipt this Period  50.00
er	Occupation Doctor of Optometry	
	Aggregate Year-to-Date ▼ 300.00	
General	0 0 0 0 0 0 0 0 0	
C	General	Aggregate Year-to-Date ▼ General

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 99 (check only one)    X   11a
4	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
۸.	Full Name (Last, First, Middle Initial) Dr Kathryn Dingley Gurney Mailing Address 1285 Industry Rd			Date of Receipt
	City	State	Zip Code	06 28 2010
	Industry	ME	04938-4545	Transaction ID: 31943580  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary  General  Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
- 3.	Full Name (Last, First, Middle Initial) Dr Peter H Kehoe			Date of Receipt
	Mailing Address 789 N Broad			06 28 2010
	City	State	Zip Code	Transaction ID: 31943584
	Galesburg FEC ID number of contributing federal political committee.	C	61401-2766	Amount of Each Receipt this Period  175.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1050.00	
. –	Full Name (Last, First, Middle Initial) Dr Kevin L Gee			Date of Receipt
	Mailing Address 9119 Highway 6 #20	0		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Missouri City	State TX	Zip Code 77459-4876	Transaction ID: 31943587  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	77455 4070	90.91
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 545.46	
	SUBTOTAL of Receipts This Page (optional)	1		315.91

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 99 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Politics	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Dr Albert S Licup  Mailing Address 226 S Harvey Ave  City Oak Park  FEC ID number of contributing federal political committee.  Name of Employer Self Employed	State IL C		Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 28 2010  Transaction ID: 31943588  Amount of Each Receipt this Period  41.67
_	Receipt For: Primary General Other (specify)		f Optometry e Year-to-Date ▼ 250.02	]
3.	Full Name (Last, First, Middle Initial) Dr Carl J Roth, III  Mailing Address 1048 Alderson Avenue		77.0.1	Date of Receipt  0 6 28 2010
	City Billings FEC ID number of contributing federal political committee.	State MT	Zip Code 59102-4216	Transaction ID: 31943599  Amount of Each Receipt this Period  47.50
	Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼		on f Optometry e Year-to-Date ▼ 215.00	
 ;.	Full Name (Last, First, Middle Initial) Dr Sue E Lowe Mailing Address 1704 Skyline Drive			Date of Receipt  0 6 2 8 2 0 1 0
	City  Laramie  FEC ID number of contributing federal political committee.	State WY	Zip Code 82070-8932	Transaction ID: 31943600  Amount of Each Receipt this Period  166.67
	Name of Employer Self Employed	Occupatio	on f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	. '	e Year-to-Date ▼ 1000.02	
s	SUBTOTAL of Receipts This Page (optional)		)	255.84

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 99 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and addr	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association F	Political Action C	ommittee	
Full Name (Last, First, Middle Initial) Dr Donald J Bush			Date of Receipt
Mailing Address 10434 So. Kedzie			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31946784
Chicago	<u> </u>	60655-2018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:		Year-to-Date ▼	7
Primary General Other (specify) ▼	1.55.554.0	365.00	
Full Name (Last, First, Middle Initial) Dr Jeffrey Paul Hilovsky			Date of Receipt
Mailing Address 445 Woodside Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31946785
Millsboro	DE	19966-8739	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate `	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Mark M Mastervich			Date of Receipt
Mailing Address 640 Fernando Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31946787
<u>Harrisburg</u>	PA	17111-4904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:	Aggregate `	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	365.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		1230.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 99 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Optometric Association	nd Statements may not be sold or used by any perso g the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Mark Thomas Bowen Mailing Address P O Box 1410		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Jena	State Zip Code LA 71342-1410	Transaction ID: 31948517  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) Dr Randal V Christian Mailing Address 4594 Hwy 182		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31948932
Opelousas  FEC ID number of contributing federal political committee.	LA 70570-4512	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Craig M Brammer  Mailing Address P.O. Box 487		Date of Receipt
City	State Zip Code	0 6 3 0 2 0 1 0 Transaction ID: 31948966
Crowley	LA 70527-0487	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Page	e (check only only)
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Optometric Association F	the name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr George Charles Stumpf, Jr Mailing Address 5412 Toby Lane		Date of Receipt
City Kenner	State Zip Code LA 70065-2348	Transaction ID: 31949542  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Self Employed	Occupation Doctor of Optometry	500.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.	00
Full Name (Last, First, Middle Initial) Dr Ron Benner Mailing Address 1408 E Maryland		Date of Receipt  0 6 3 0 2 0 1 0
City	State Zip Code	Transaction ID: 31954709
<u>Laurel</u>	MT 59044-2238	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	02
Full Name (Last, First, Middle Initial) Dr Gary T Coburn	•	Date of Receipt
Mailing Address 1916 Windemere D	rive	06 28 2010
City	State Zip Code IN 46135-9213	Transaction ID: 31962796
Greencastle  FEC ID number of contributing federal political committee.	C 46133-9213	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.	00
SUBTOTAL of Receipts This Page (optional	)	916.67

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 99 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports or for commercial purposes, other than us	s and Statements may not be sold or used by any perso sing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association	n Political Action Committee	
Full Name (Last, First, Middle Initial) Dr David E Leonard		Date of Receipt
Mailing Address 2957 Fox Trail D	rive	M M / D D / Y Y Y Y Y Y Y Y 2 0 1 0
City	State Zip Code	Transaction ID: 31962797
Reno	NV 89523-3257	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	]
Full Name (Last, First, Middle Initial) Dr Alexandar Andrich	1	Date of Receipt
Mailing Address 4311 Sir Robert	Ave	M M / D D / Y Y Y Y Y O D D / 29 2010
City	State Zip Code	Transaction ID: 31962963
North Royalton	OH 44133-4138	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Chris H Cooper		Date of Receipt
Mailing Address 2070 Whitney A	/enue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31964759
Memphis	TN 38127-9014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (opti	onal)	1500.00
3 (-1-1-1	·	-

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 75/99   (check only one)     X   11a
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any pog the name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Cherri T Cowan		Date of Receipt
Mailing Address Po Box 63		M M / D D / Y Y Y Y Y O D O O O O O O O O O O O O O
City Leesville	State Zip Code LA 71496-0063	Transaction ID: 31964760  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Clifton Mark Cowan		Date of Receipt
Mailing Address 7779 Kurthwood R P O Box 63	load	06 30 7 2010
City Leesville	State Zip Code LA 71446-2226	Transaction ID: 31964761
FEC ID number of contributing federal political committee.	LA 71446-2226	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Devjani Lahiri-Munir		Date of Receipt
Mailing Address 8008 Bluebonnet E	Blvd Apt 11-7	M M / D D / Y Y Y Y Y O D D / 2010
City Baton Rouge	State Zip Code LA 70810-7810	Transaction ID: 31964762  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SURTOTAL of Receipts This Dage (entire	al)	2500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 99 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Po	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Thomas E Nye  Mailing Address 42 Tabor Lane  City Hamilton  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State Zip Code OH 45013-5118  C  Occupation Doctor of Optometry  Aggregate Year-to-Date  518.16	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 31964763  Amount of Each Receipt this Period  86.36
Full Name (Last, First, Middle Initial) Dr Neil W Draisin  Mailing Address 21 Fairway Village La  City Isle Of Palms  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State Zip Code SC 29451-2732  C  Occupation Doctor of Optometry  Aggregate Year-to-Date   682.50	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 31964764  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Dr Jennifer M Smith  Mailing Address 141 Sea Cotton Cir  City Charleston  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State Zip Code SC 29412-8296  C  Occupation Doctor of Optometry  Aggregate Year-to-Date   500.00	Date of Receipt  M M M O 6 3 0 2 0 1 0  Transaction ID: 31964765  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)		1086.36

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 77 / 99 (check only one)    X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association	the name and address of any	political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Mark E Wilkinson Mailing Address 14 Oak Park Drive			Date of Receipt  0 6 3 0 2 0 1 0
City  Bettendorf  FEC ID number of contributing	State Zip Co IA 52722		0 6 3 0 2 0 1 0  Transaction ID: 31964770  Amount of Each Receipt this Period  250.00
Receipt For:  Primary  Other (specify)   General	Occupation Doctor of Optomet Aggregate Year-to-Da	·	
Full Name (Last, First, Middle Initial) Dr Thomas Andrew Wong Mailing Address 4004 Glenrose Stre	eet		Date of Receipt  0 6 3 0 2 0 1 0
City Kensington  FEC ID number of contributing federal political committee.	State Zip Co MD 20895		Transaction ID: 31964772  Amount of Each Receipt this Period  365.00
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Doctor of Optomet Aggregate Year-to-Da	•	
Full Name (Last, First, Middle Initial) Dr Gary James Avallone Mailing Address 144 Fox Run St			Date of Receipt
City West Monroe FEC ID number of contributing federal political committee.	State Zip Co LA 71291		Transaction ID: 31964773  Amount of Each Receipt this Period  1000.00
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Doctor of Optomet Aggregate Year-to-Da		
SUBTOTAL of Receipts This Page (optional	J		1615.00

## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 99 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Pol			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Jeffrey L Timko  Mailing Address 840 North Stone Stree  City Deland  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State FL  C  Occupation Doctor of	Zip Code 32720-3256  Toptometry Year-to-Date ▼ 500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 31964774  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Dr Lynn Smith Hammonds Mailing Address 2725 Smyer Road  City Birmingham  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)		Zip Code 35216-1026	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Dale D Heaston  Mailing Address 269 Rockwood Dr  City Richland  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	<del>, '</del>	Zip Code 99352-8535  Optometry Year-to-Date ▼ 250.00	Date of Receipt  M M M / D D D / Y Y Y Y Y  Transaction ID: 31965609  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional) .			1000.00

ule(s) the Page 79 / 99  (check only one)
any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
Date of Receipt
0 6 3 0 2 0 1 0  Transaction ID: 31965624
Amount of Each Receipt this Period
500.00
0.00
Date of Receipt
06 30 7 2010
Transaction ID: 31965626
Amount of Each Receipt this Period
2000.00
0.00
Date of Receipt
06 30 7 2010
Transaction ID: 31965627
Amount of Each Receipt this Period
365.00
5.00
2865.00

# SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 99 (check only one)    X
4	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	olitical Action	Committee	
	Full Name (Last, First, Middle Initial) Dr Charles H Fitzpatrick			Date of Receipt
	Mailing Address 18 Byron Drive			0 6 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: 31965628
	Mount Laurel	NJ	08054-4700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial) Dr Rand William Siekert			Date of Receipt
	Mailing Address 6800 North Montezur	ma Drive		06 30 YYYYY 2010
	City	State	Zip Code	Transaction ID: 31965630
	Tucson	AZ	85718-2432	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	]
_	Full Name (Last, First, Middle Initial) Dr Linda T Arakaki			Date of Receipt
	Mailing Address 99-923 Hulumanu St	reet		0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31965631
	Aiea	HI	96701-3236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed		f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional)	1		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 99 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Po	Statements may not be sold or used by any pers e name and address of any political committee to litical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Todd G Stagner  Mailing Address 74 Orchard Place  City Battle Creek  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State Zip Code MI 49017-4764  C  Occupation Doctor of Optometry  Aggregate Year-to-Date   300.00	Date of Receipt  M M M J D D J Y Y Y Y Y Y  Transaction ID: 31965632  Amount of Each Receipt this Period  300.00
Full Name (Last, First, Middle Initial) Dr W. Joseph Garvin  Mailing Address 3630 Vista Dela Cana  City Escondido  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State Zip Code CA 92029-7944  C  Occupation Doctor of Optometry  Aggregate Year-to-Date  506.00	Date of Receipt  M M M J D D J Z D 1 D Z D 1 D Z D D Z D D D Z D D D D
Full Name (Last, First, Middle Initial) Dr Randolph D Lee  Mailing Address 8620 West Atwater  City Boise  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify)	State Zip Code ID 83714-1289  C  Occupation Doctor of Optometry  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 6
SUBTOTAL of Receipts This Page (optional)	·	1006.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 99 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Optometric Association Po	olitical Action	Committee	
<b>4</b> .	Full Name (Last, First, Middle Initial) Dr Philip N Goldthwait			Date of Receipt
	Mailing Address 23 Gettysburg Avenu	le		06 / 30 / 2010
	City Brewer	State ME	Zip Code 04412-1265	Transaction ID: 31965638
	FEC ID number of contributing federal political committee.	C	04412-1203	Amount of Each Receipt this Period  250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:  Primary  General  Other (specify) ▼		Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Dr Cheryl Archer			Date of Receipt
	Mailing Address 216 Orange Drive			06 30 2010
	City	State	Zip Code	Transaction ID: 31965641
	Wapakoneta  FEC ID number of contributing federal political committee.	ОН	45895-1352	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
_ >.	Full Name (Last, First, Middle Initial) Dr Jerry Samuel Hardison			Date of Receipt
	Mailing Address 6 Scarsdale Road			06 30 7 2010
	City	State	Zip Code	Transaction ID: 31965645
	West Hartford FEC ID number of contributing federal political committee.	CT	06107-3338	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:  Primary General  Other (specify) ▼	<del>-, '</del>	Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		1250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 99 (check only one)    X   11a
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	olitical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr William Donner Mizelle			Date of Receipt
	Mailing Address 102 N Lemans			06 / 30 / 2010
	City Lafayette	State LA	Zip Code 70503-4028	Transaction ID: 31965646  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	7,0000 1020	2000.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
В.	Full Name (Last, First, Middle Initial) Dr Evelyn B Hanna  Mailing Address P O Box 112			Date of Receipt
				06 30 2010
	City Washington	State LA	Zip Code 70589-0112	Transaction ID: 31965647  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70000 0112	365.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
с. С.	Full Name (Last, First, Middle Initial) Dr Lisa Ragas Pradillo			Date of Receipt
	Mailing Address 278 Le Cirque			06 30 2010
	City Madisonville	State LA	Zip Code 70447-3704	Transaction ID: 31965648
	FEC ID number of contributing federal political committee.	C	70447-5704	Amount of Each Receipt this Period  365.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			2730.00
	TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 99 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Optometric Association F	nd Statements may not be sold or used by any pers the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Alan R Pradillo Mailing Address 47344 Greco Road		Date of Receipt
City  Hammond  FEC ID number of contributing	State Zip Code LA 70401-7330	Transaction ID: 31965649  Amount of Each Receipt this Period  365.00
Receipt For:  Primary  Other (specify)	Occupation Doctor of Optometry  Aggregate Year-to-Date   365.00	
Full Name (Last, First, Middle Initial) Dr Michael P Rosenblatt Mailing Address 10602 Little Run Fa	ırm Ct	Date of Receipt  0 6 3 0 2 0 1 0
City	State Zip Code	Transaction ID: 31965653
<u>Vienna</u>	VA 22182-6608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  365.00	
Full Name (Last, First, Middle Initial) Dr Mark K Helgeson		Date of Receipt
Mailing Address P O Box O		0 6 3 0 Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31965654
Park River  FEC ID number of contributing federal political committee.	ND 58270-0714	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optiona		1230.00

A.

PAGE 85/99 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Dr Michael J Veliky Mailing Address 787 Pony Trail 06 30 2010 Zip Code City State Transaction ID: 31965657 Franklin Lakes NJ 07417-1549 Amount of Each Receipt this Period FEC ID number of contributing 365.00 C federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date General Primary 365.00 Other (specify) Full Name (Last, First, Middle Initial) В. Dr Cheryl Kocher Robson Date of Receipt Mailing Address 2469 Jones Rd 0 6 21 2010 City State Zip Code Transaction ID: 32049616 Winchester V٨ 22602-6605 Amount of Each Receipt this Period FEC ID number of contributing C 0.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.-

SUBTOTAL of Receipts This Page (optional)	•	365.00
TOTAL This Period (last page this line number only)	<u></u>	65291.23

0.00

Other (specify)

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 99 (check only one)  11a 11b 11c 12 13 14 15 16 17 17
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association Polit	tical Action Committee	
Full Name (Last, First, Middle Initial) United Bank Mailing Address 3801 Wilson Blvd.		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Arlington	State Zip Code VA 22203-1919	Transaction ID: 31964178  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	113.42
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 224.38	Bank Interest

		113.42
SUBTOTAL of Receipts This Page (optional)	▶	
TOTAL This Period (last page this line number only)	<b>•</b>	113.42

# SCHEDULE B (FEC Form 3X)

		Use separate schedule(s	()		)K LINE neck only	_			l	1 70	iE 8/	1 / 33	
IT 	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	ш.	24 28c	25 25		26
	y Information copied from such Reports and State for commercial purposes, other than using the nan												
$ \rangle$	NAME OF COMMITTEE (In Full)  American Optometric Association Politica	I Action Committee											
$\mathbb{L}$													
	Full Name (Last, First, Middle Initial) Childers For Congress					Date		on ID: sburs	ement			V * V	
	Mailing Address PO Box 177					0 6	IVI .	′	1 1	L	20	10	
	City Booneville	State Zip Code MS 38829				Amou	int o	f Each	Disbu	ursen	ent th	is Pe	riod
	Purpose of Disbursement Candidate Contribution			01	1	<u> </u>	•				2000	.00	
	Candidate Name Rep. Travis Wayne Childers			ateg Typ	ory/ e								
	X	ement For: 2010 Primary General Other (specify)				Candi	idat	e Cor	ntribu	tion			
	Full Name (Last, First, Middle Initial)					Trans	acti	on ID	318	8234	.01		
	Boren For Congress					Date	of Di	sburs	ement			V ° V	
	Mailing Address PO Box 148					0 <sup>M</sup> 6	М	<sup>′</sup> □ C	1	Y	ž 0	1 0 °	
	City Okemah	State Zip Code OK 74859				Amou	int o	f Each	Disbu		ent th		riod
	Purpose of Disbursement Candidate Contribution		011			L.	-	•		•	2000	.00	
	Candidate Name Rep. Daniel Boren		1	ateg Typ	ory/ e								
	Office Sought:  X House Senate President State: OK District: 02	ement For: 2010 Primary X General Other (specify) ▼	•			Candi	idat	e Cor	ntribu	ition			
	Full Name (Last, First, Middle Initial) Steve Cohen For Congress					Trans Date		sburs	ement		79		
	Mailing Address 349 Kenilworth					0 <sup>M</sup> 6	М	<sup>′</sup>	2 /	Y	ž 0	10	
	City Memphis	State Zip Code TN 38112				Amou	int o	f Each	Disbu	ursen	ent th	is Pe	riod
	Purpose of Disbursement Candidate Contribution			01	1	L.	_				2000	.00	-
	Candidate Name Mr. Steve Cohen			ateg Typ	ory/ e								
	, <u>, , , , , , , , , , , , , , , , , , </u>	ement For: 2010 Primary General Other (specify)				Candi	idat	e Cor	ntribu	tion			
Г	UBTOTAL of Disbursements This Page (optional)										5000.		

# SCHEDULE B (FEC Form 3X)

		· 1		arate schedule(s)			heck or	E NUMBI nlv one)						88 / 9	<u> </u>
	BURSEMEN <sup>®</sup>		Detailed :	category of the Summary Page		È	21b 27	22 28a	Х	23 28b		24 28c		25 29	
	d from such Reports a														
NAME OF COMM	IITTEE (In Full)														
American Opto	metric Association	Political	Action Co	mmittee											
Full Name (Last, F	First, Middle Initial) Congress									ion ID	_		49		
Mailing Address	6520 Village Pa Second Floor	rkway						0 <sup>M</sup> 6	М	/ D	8	/ <b>Y</b>	ž	0 <del>1</del> 0	Y
City Dublin			State CA	Zip Code 94568				Amo	unt o	f Each	Disb	ursen	nent	this P	erio
Purpose of Disbui Candidate Contrib					Г	01	1	7 L					200	0.00	
Candidate Name Rep. Jerry McN							gory/								
Office Sought:	X House Senate President District: 11	Disburser X	ment For: Primary Other (spe	2010 General				Cano	didat	e Cor	ntribu	ution			
	First, Middle Initial)							Tran	sact	ion ID	: 31	8455	46		
Committee To	Re-Elect Loretta S	anchez								isburs	_			Υ	Υ
Mailing Address	1212 S. Victory Suite 211	Blvd.						0 6			8	L	2 (	0 Í 0	
City Burbank			State CA	Zip Code 91502				Amo	unt o	f Each	Disb	ursen	nent	this P	eric
Purpose of Disbui Candidate Contrib					Г	01	1						250	0.00	_
Candidate Name Rep. Loretta Sa	anchez					ate Typ	gory/ pe								
Office Sought: State: CA	X House Senate President District: 47	Disburser X	ment For: Primary Other (spe	2010 General				Cano	didat	e Cor	ntribu	ution			
Full Name (Last, F Peters For Con	First, Middle Initial) gress									ion ID isburs					
Mailing Address	PO Box 226							0 <sup>M</sup> 6	М	<sup>/</sup> D	9	/ Y	ž	0 ť 0	Y
City Bloomfield Hills			State MI	Zip Code 48303				Amo	unt o	f Each	Disb	ursen	nent	this P	eric
Purpose of Disbui Candidate Contrib	sement				Г	01	1	L					250	0.00	_
Candidate Name Rep. Gary C. P	eters						gory/								
Office Sought: State: MI	X House Senate President District: 09	Disburser X	ment For: Primary Other (spe	2010 General		<u> </u>		Cano	didat	e Cor	ntribu	ution			
												-		0.00	_

SCHEDULE B (FEC Form 3 TEMIZED DISBURSEMENT	Use separate schedule(s)	FOR LINE (check only	LINE NUMBER: PAGE 89 / 99						
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 3						
Any Information copied from such Reports a or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full)  American Optometric Association	Political Action Committee								
Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy			Transaction ID: 31927678 Date of Disbursement						
Mailing Address P.O. Box 127			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & I & O \end{bmatrix}$						
City Cheshire	State Zip Code CT 06410		Amount of Each Disbursement this Period						
Purpose of Disbursement Candidate Contribution		011	1500.00						
Candidate Name Rep. Christopher Scott Murphy		Category/ Type							
Office Sought: X House Senate President State: CT District: 05	Disbursement For: 2010 Primary X General Other (specify) ▼		Candidate Contribution						
Full Name (Last, First, Middle Initial) Larson For Congress			Transaction ID: 31927693 Date of Disbursement						
Mailing Address 29 Ruff Circle			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z & D \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & I & O \end{bmatrix}$						
City Glastonbury	State Zip Code CT 06033		Amount of Each Disbursement this Period						
Purpose of Disbursement Candidate Contribution		011	2500.00						
Candidate Name Rep. John B. Larson		Category/ Type							
Office Sought:  X House Senate President State: CT District: 01	Disbursement For: 2010  X Primary General  Other (specify) ▼		Candidate Contribution						
Full Name (Last, First, Middle Initial) Progressive Choices PAC			Transaction ID: 31927705 Date of Disbursement						
Mailing Address PO Box 58			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix}$						
City Evanston	State Zip Code IL 60204		Amount of Each Disbursement this Period						
Purpose of Disbursement Committee Contribution		011	5000.00						
Candidate Name Progressive Choices PAC		Category/ Type							
Office Sought: House Senate President State: District:	Disbursement For:  Primary General  Other (specify) ▼		Committee Contribution						
SUBTOTAL of Disbursements This Page	optional)		9000.00						
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# SCHEDULE B (FEC Form 3X)

	Use separate schedule(s		NE NUMBER: PAGE 90 / 99 only one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	<u>-</u>
Any Information copied from such Reports and Stator for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full)			
American Optometric Association Politi	cal Action Committee		
Full Name (Last, First, Middle Initial) Lisa Murkowski For US Senate			Transaction ID: 31927707 Date of Disbursement
			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 100847			
City Anchorage	State Zip Code AK 99510		Amount of Each Disbursement this Perio
Purpose of Disbursement Candidate Contribution		011	2000.00
Candidate Name		Category/	
Sen. Lisa Murkowski  Office Sought: House Disbu	rsement For: 2010	Туре	
X Senate President	X Primary General Other (specify)		Candidate Contribution
State: AK District:			
Full Name (Last, First, Middle Initial) Bob Filner For Congress			Transaction ID: 31935911 Date of Disbursement
Mailing Address PO Box 121480			0 6 Dissolventent
City	State Zip Code		Amount of Each Disbursement this Perio
Chula Vista	CA 91912		
Purpose of Disbursement Candidate Contribution		011	2000.00
Candidate Name Rep. Bob Filner		Category/ Type	
Office Sought: X House Disbu	rsement For: 2010 Primary X General	1	Candidate Contribution
President	Other (specify)		
State: CA District: 51  Full Name (Last, First, Middle Initial)			Transaction ID: 01044040
Volunteers For Shimkus			Transaction ID: 31944913 Date of Disbursement
Mailing Address PO Box 5458			06 / 29 / 2010
City Springfield	State Zip Code IL 62705		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution		011	3000.00
Candidate Name Rep. John M. Shimkus		Category/ Type	1
	rsement For: 2010 Primary X General Other (specify)	1 . ,,,,,	Candidate Contribution
State: IL District: 19			

ITC for a		(s)   Check on	E NUMBER: PAGE 91 / 99
	each category of the ailed Summary Pag		22   X 23   24   25
			for the purpose of soliciting contributions olicit contributions from such committee
sing the name and a	address of any point		Sicil contributions from Sacri committee
on Political Action	n Committee		
ess			Transaction ID: 31944914 Date of Disbursement
ınch Ln			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
State FL	Zip Code 33326	_	Amount of Each Disbursement this Period
		011	1000.00
tz		Category/ Type	
Disbursement F  X Prima Other		al	Candidate Contribution
			Transaction ID: 31944916 Date of Disbursement
ne Road, Suite 2		06 06 29 7 2010	
State FL	Zip Code 33431		Amount of Each Disbursement this Period
		011	2500.00
		Category/ Type	
Disbursement F  X Prima  Other		al	Candidate Contribution
			Transaction ID: 31944917 Date of Disbursement
			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
State ME	Zip Code 04240		Amount of Each Disbursement this Period
		011	1000.00
		Category/ Type	
	ary X Genera	al	Candidate Contribution
1			4500.00
	Prima Other	Primary X Genera Other (specify) ▼	Primary X General

	B (FEC Form	y Use sep	arate schedule(s)	(check only	NUMBER: PAGE 92/99
FEMIZED DI	SBURSEMEN		category of the Summary Page	21b 27	22 X 23 24 25 28 28c 29
					for the purpose of soliciting contributions licit contributions from such committee
NAME OF COM	·	ig the hame and addre	200 of any political		- Such Committee
American Opt	ometric Association	n Political Action Co	ommittee		
Full Name (Last, Feinstein For	First, Middle Initial) Senate				Transaction ID: 31944920 Date of Disbursement
Mailing Address	1212 S Victory	Blvd			$\begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix}$
City Burbank		State CA	Zip Code 91502		Amount of Each Disbursement this Period
Purpose of Disb	bution			011	1500.00
Candidate Name Sen. Dianne F	einstein	l a		Category/ Type	
Office Sought:	X Senate President	Disbursement For:  X Primary  Other (spe	2012 General ecify)		Candidate Contribution
State: CA	District: First, Middle Initial)		· 		- " " - 0.0044004
Harry Mitchell					Transaction ID: 31944924  Date of Disbursement
Mailing Address	PO Box 23748				$\begin{array}{c c} \begin{array}{c c} M & M \end{array} & \begin{array}{c c} D & D & M \end{array} & \begin{array}{c c} D & M & M \end{array} & \begin{array}{c c} D & M & M \end{array} & \begin{array}{c c} D & M & M \end{array} & \begin{array}{c c} D & M & M \end{array} & \begin{array}{c c} D & M & M \end{array} & \begin{array}{c c} D & M & M \end{array} & \begin{array}{c c} D & M & M & M \end{array} & \begin{array}{c c} D & M & M & M \end{array} & \begin{array}{c c} D & M & M & M \end{array} & \begin{array}{c c} D & M & M & M \end{array} & \begin{array}{c c} D & M & M & M \end{array} & \begin{array}{c c} D & M & M & M \end{array} & \begin{array}{c c} D & M & M & M \end{array} & \begin{array}{c c} D & M & M & M & M & M \end{array} & \begin{array}{c c} D & M & M & M & M \end{array} & \begin{array}{c c} D & M & M & M & M \end{array} & \begin{array}{c c} D & M & M & M & M \end{array} & \begin{array}{c c} D & M & M & M & M \end{array} & \begin{array}{c c} D & M & M & M & M \end{array} & \begin{array}{c c} D & M & M & M & M \end{array} & \begin{array}{c c} D & M & M & M & M \end{array} & \begin{array}{c c} D & M & M & M & M \end{array} & \begin{array}{c c} D & M & M & M & M \end{array} & \begin{array}{c c} D & M & M & M & M \end{array} & \begin{array}{c c} D & M & M & M & M \end{array} & \begin{array}{c c} D & M & M & M & M \end{array} & \begin{array}{c c} D & M & M & M & M \end{array} & \begin{array}{c c} D & M & M & M & M \end{array} & \begin{array}{c c} D & M & M & M & M \end{array} & \begin{array}{c $
City Tempe		State AZ	Zip Code 85285		Amount of Each Disbursement this Perio
Purpose of Disbrack Candidate Contr				011	2000.00
Candidate Name Rep. Harry Mi	tchell			Category/ Type	
Office Sought: State: AZ	X House Senate President District: 05	Disbursement For:  X Primary  Other (spe	2010 General ecify)		Candidate Contribution
	First, Middle Initial)				Transaction ID: 31944925 Date of Disbursement
Mailing Address	PO Box 469				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City Beacon		State NY	Zip Code 12508		Amount of Each Disbursement this Perio
Purpose of Disb Candidate Contr	bution			011	1000.00
Candidate Name Rep. John J. I	Hall		Category/ Type		
Office Sought:	X House Senate President	Disbursement For:  X Primary Other (spe	2010 General		Candidate Contribution
State: NY	District: 19	Other (spi	oon <i>y)</i> <b>▼</b>		

	Use separate schedule(s)	FOR LINE NUMBER: PAGE 93 / 99 (check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
		any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee
NAME OF COMMITTEE (In Full)  American Optometric Association Politic	••	
Full Name (Last, First, Middle Initial)		Transaction ID: 31944927
Lynn Jenkins For Congress		Date of Disbursement
Mailing Address P.O. Box 1441		06 06 29 7 2010
City	State Zip Code	Amount of Each Disbursement this Perio
Topeka Purpose of Disbursement	KS 66601	1000.00
Candidate Contribution		011
Candidate Name Rep. Lynn Jenkins	C	Category/ Type
Senate President	rsement For: 2010  X Primary General  Other (specify) ▼	Candidate Contribution
State: KS District: 02  Full Name (Last, First, Middle Initial)		T ID 04044000
Shelley Moore Capito For Congress		Transaction ID: 31944928 Date of Disbursement
Mailing Address P.O. Box 11519		0 <sup>M</sup> 6 M / D2 9 / Y 20 10 Y
City	State Zip Code	Amount of Each Disbursement this Perio
Charleston	WV 25339	2000.00
Purpose of Disbursement Candidate Contribution		011
Candidate Name Rep. Shelley Moore Capito	C	Category/ Type
Office Sought:  X House Senate President State: WV District: 02	rsement For: 2010 Primary X General Other (specify)	Candidate Contribution
Full Name (Last, First, Middle Initial)		Transaction ID: 31944929
Paul Tonko For Congress		Date of Disbursement
Mailing Address 911 Central Avenue PO Box 221		06 06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City Albany	State Zip Code NY 12206	Amount of Each Disbursement this Perio
Purpose of Disbursement Candidate Contribution		2000.00
Candidate Name	C	011 Category/
Rep. Paul Tonko  Office Sought: X House Disbu	rsement For: 2010  X Primary General Other (specify)	Candidate Contribution
President		
State: NY District: 21		

31	CHEDULE B (FEC Form 3X	Use sepa	arate schedule(s)		E NUMBER: PAGE 94/99
IT	EMIZED DISBURSEMENTS	for each Detailed	category of the Summary Page	(check or 21b 27	22 X 23 24 25 28c 28c 29
	y Information copied from such Reports and for commercial purposes, other than using t				
$\sum_{i}$	NAME OF COMMITTEE (In Full)  American Optometric Association Po				olok com battore iran saar com likec
	Full Name (Last, First, Middle Initial) Bring Leadership Back Pac				Transaction ID: 31944931 Date of Disbursement
	Mailing Address P O Box 40964				06 7 29 7 2010
	City Arlington	State VA	Zip Code 22204		Amount of Each Disbursement this Perio
	Purpose of Disbursement Committee Contribution Candidate Name			011	5000.00
	Bring Leadership Back Pac	Disbursement For:		Category/ Type	_
	Senate President State: District:	Primary Other (spe	General ecify) ▼		Committee Contribution
	Full Name (Last, First, Middle Initial) Rob Wittman For Congress				Transaction ID: 31944934 Date of Disbursement
	Mailing Address PO Box 999				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Montross	State VA	Zip Code 22520		Amount of Each Disbursement this Perio
	Purpose of Disbursement Candidate Contribution			011	1000.00
	Candidate Name Rep. Robert J. Wittman			Category/ Type	
	Office Sought:  X House Senate President  State: VA  District: 01	Disbursement For: Primary Other (spe	2010 X General ecify) ▼		Candidate Contribution
	Full Name (Last, First, Middle Initial) Lisa Murkowski For US Senate				Transaction ID: 31944942 Date of Disbursement
	Mailing Address PO Box 100847				$\begin{bmatrix} M & M & M & D & D & D & M & M & M & D & D & M $
	City Anchorage	State AK	Zip Code 99510		Amount of Each Disbursement this Perio
	Purpose of Disbursement Candidate Contribution			011	2000.00
	Candidate Name Sen. Lisa Murkowski			Category/ Type	
	000 0 11	uanuraamant Ear	2010		Candidate Contribution
	Office Sought:    House   X   Senate   President     State: AK   District:	Disbursement For: Primary Other (spe	X General		Candidate Contribution

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			NE NUMBER: PAGE 95 / 99 only one)						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b	22	X	ı	24	F	25	26
Any Information copied from such Reports and Stater					ourpo			contr		
or for commercial purposes, other than using the nam	e and address of any political co	ommit	tee to s	olicit cor	itribu	tions fr	om such	com	mittee	
NAME OF COMMITTEE (In Full)  American Optometric Association Politica	Action Committee									
/	Action Committee									
Full Name (Last, First, Middle Initial) Bright For Congress.Com				1	of D	isburs	: 3194 ement			
Mailing Address P.O.Box 2106				OME	м 3	/ D	29 /	Y	ž o Ť	0 ~
City Montgomery	State Zip Code AL 36102			Amo	ount c	of Each	Disbur	seme	nt this	Period
Purpose of Disbursement	66.62			† L				2	500.0	0
Candidate Contribution Candidate Name		01 Cateo								
Rep. Bobby Neal Bright, Sr.		Тур	•							
Senate President	ement For: 2010 Primary X General Other (specify)			Can	dida	te Coi	ntributi	on		
State: AL District: 02										
Full Name (Last, First, Middle Initial) GWEN PAC				Date	e of D	isburs				_
Mailing Address c/o Evans & Katz LLC 1831 Bay Street, SE				OME		/ D3	3 0 /	Y :	ž 0 1	0 <sup>Y</sup>
City Washington	State Zip Code DC 20003			Amo	ount c	of Each	Disbur	seme	nt this	Period
Purpose of Disbursement Committee Contribution		01	1	] L				2	500.0	0
Candidate Name GWEN PAC		Categ	gory/							
Office Sought:    House   Disburs     Senate   President     State: District:	ement For: Primary General Other (specify)			Com	nmitt	ee Co	ontribut	ion		
Full Name (Last, First, Middle Initial)				<b>-</b>			040			
Davis For Congress/Friends Of Davis				Date	e of D	isburs	: 3194 ement			V
Mailing Address 5956 W. Race Avenue				OME	3 "	′ 🍱 3	3 0 /		ž 0 1	0
City Chicago	State Zip Code IL 60644			Amo	ount c	of Each	Disbur	seme	nt this	Period
Purpose of Disbursement Candidate Contribution		01	1					10	0.000	0
Candidate Name Rep. Danny K. Davis		Categ	jory/							
Senate President	ement For: 2010 Primary X General Other (specify)			Can	dida	te Coi	ntributi	on		
State: IL District: 07										
SUBTOTAL of Disbursements This Page (optional)								60	0.00	0

CHEDULE B (FEC FOIIII 3X)	Use separate schedule(s	(check onl	E NUMBER: PAGE 96/99
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
ony Information copied from such Reports and Stat r for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)  American Optometric Association Politic	al Action Committee		
Full Name (Last, First, Middle Initial) Priority PAC			Transaction ID: 31946992 Date of Disbursement
Mailing Address 420 C Street, N.E.			$ \begin{bmatrix} M & 6 & M \\ 0 & 6 & M \end{bmatrix} / \begin{bmatrix} D & 3 & 0 \\ 3 & 0 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period
Purpose of Disbursement Committee Contribution		011	5000.00
Candidate Name Priority PAC		Category/ Type	-
Senate President	rsement For: Primary General Other (specify)		Committee Contribution
State: District:  Full Name (Last, First, Middle Initial)			Transaction ID: 31946995
Kagen 4 Congress			Date of Disbursement
Mailing Address 100 W. College Ave. 50 D			$ \begin{array}{c c} & & & \\ & & $
City Appleton	State Zip Code WI 54911		Amount of Each Disbursement this Peri
Purpose of Disbursement Candidate Contribution		011	2000.00
Candidate Name Mr. Steven Kagen		Category/ Type	
Office Sought:  X House Senate President State: WI District: 08	rsement For: 2010 Primary X General Other (specify)	•	Candidate Contribution
Full Name (Last, First, Middle Initial) Team Emerson For Jo Ann Emerson			Transaction ID: 31946996 Date of Disbursement
Mailing Address P.O. Box 822 400 Broadway, Suite 5	01		06 06 7 03 0 7 2 0 1 0 4
City Cape Girardeau	State Zip Code MO 63702		Amount of Each Disbursement this Peri 2000.00
Purpose of Disbursement Candidate Contribution Candidate Name		011	2000.00
Rep. Jo Ann Emerson		Category/ Type	
Senate President	rsement For: 2010  X Primary General Other (specify)		Candidate Contribution
State: MO District: 08			
			9000.00

В.

President

District: 01

19e# 10330307402									
CHEDULE B (FEC Form 3X)  Use separate schedule(s)		FOR LINE	IE NUMBER: PAGE 97 / 99						
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b						
Any Information copied from such Reports and State or for commercial purposes, other than using the nar									
NAME OF COMMITTEE (In Full)  American Optometric Association Politica	l Action Committee								
Full Name (Last, First, Middle Initial) Whitfield For Congress Committee  Mailing Address P.O. Box 391			Transaction ID: 31946997 Date of Disbursement  O 6 M / D 3 D / Y Y Y O Y O Y O Y O Y O Y O Y O Y O Y						
City Hopkinsville	State Zip Code KY 42241		Amount of Each Disbursement this Period						
Purpose of Disbursement Candidate Contribution		011	1000.00						
Candidate Name Rep. Edward Whitfield		Category/ Type							
Office Sought:  X House Senate President State: KY District: 01	ement For: 2010 Primary X General Other (specify)		Candidate Contribution						
Full Name (Last, First, Middle Initial) Whitfield For Congress Committee			Transaction ID: 31946998  Date of Disbursement						
Mailing Address P.O. Box 391			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & I \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ O & I & O \end{smallmatrix} \end{bmatrix} $						
City Hopkinsville	State Zip Code KY 42241		Amount of Each Disbursement this Period						
Purpose of Disbursement Candidate Contribution		011	2000.00						
Candidate Name Rep. Edward Whitfield		Category/ Type							
Office Sought: X House Disburs Senate	sement For: 2010 Primary X General		Candidate Contribution						

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	3000.00
TOTAL This Period (last page this line number only)	_	69000.00
TOTAL THIS I Chou (last page this line number only)		

Other (specify)

State: KY

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SCHEDULE B (FEC Form 3X)  Use separate			FOR LINE				R:		PAGE 98/99				
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Any Information copied from such Reports and Statem or for commercial purposes, other than using the name												S	
NAME OF COMMITTEE (In Full) American Optometric Association Political	Action Committe	ee											
Full Name (Last, First, Middle Initial) Wachovia Federal Mailing Address 1650 Tyson Blvd.						Date of		sburse	3196 ement		7 Ž 0 Ĭ (	o <sup>Y</sup>	
	State Zip Co VA 2210					Amou	nt of	Each	Disbur	eme	nt this	Period	
Purpose of Disbursement Bank Fee Candidate Name	VA 2210		_	01 egory/							331.0	5	
	ment For: Primary Other (specify)	General		ype		Bank	Fee						
Full Name (Last, First, Middle Initial) Bank of America  Mailing Address PO Box 790251						Date o		sburse	3197 ement		6 2 0 1 (	o <sup>Y</sup>	
City	State Zip Co					Amou	nt of	Each	Disbur	seme	nt this	Period	
Purpose of Disbursement American Express Fee Candidate Name	IVIO 6317			01 egory/						ţ	393.10	3	
	ment For: Primary Other (specify)	General		ype		Ameri	can	Expr	ess Fe	ee			
Full Name (Last, First, Middle Initial) Bank of America						Date o	of Dis	sburse				V	
Mailing Address PO Box 790251						0 <sup>M</sup> 6	M /	<sup>D</sup> 0	1 /	Y	ž 0 1 (	ם <u>י</u>	
St. Louis	State Zip Co MO 6317					Amou	nt of	Each	Disbur		nt this		
Purpose of Disbursement Bank Fee Candidate Name		C	Cate	01 egory/ ype				•			+00.02		
Senate President	ment For: Primary Other (specify)	General				Bank	Fee						
State: District:  SUBTOTAL of Disbursements This Page (optional) .				. •						26	90.70	)	

TOTAL This Period (last page this line number only) .....

В.

President

District:

19e# 10330307404			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	NUMBER: PAGE 99 / 99
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)  American Optometric Association Politica	l Action Committee		
Full Name (Last, First, Middle Initial) Bank of America  Mailing Address PO Box 790251			Transaction ID: 31976432 Date of Disbursement  O 6
City St. Louis Purpose of Disbursement Bank Fee	State Zip Code MO 63179	001	Amount of Each Disbursement this Period
Candidate Name		O01 Category/ Type	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		Bank Fee
Full Name (Last, First, Middle Initial) Bank of America			Transaction ID: 31976434  Date of Disbursement  0 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Mailing Address PO Box 790251			06 2010
City St. Louis	State Zip Code MO 63179		Amount of Each Disbursement this Period
Purpose of Disbursement Discover Fee		001	18.43
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate	sement For: Primary General		Discover Fee

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	150.90
TOTAL This Period (last page this line number only)	<b>•</b>	2841.60

Other (specify)

State: